RRB FORM G-659a (9-66)

CHECK LIST FOR SURVIVOR APPLICATIONS

1. TO D/O:	2. DATE	3. RRB CLAIM NO.

4. NAME OF DECEASED EMPLOYEE	5. SSA NO.
BELMONT L COWGILL	234-22-6263

6. EMPLOYEE DIED: COMPLETELY (FULLY) INSURED ☐ RRB ☐ SSA ☐ NEITHER	7. DOD	8. LAST RAILROAD EMPLOYER	9. ☐ WIA BEING PAID AT MA RATE	10. CHECK OUTSTANDING DATED:

11. D/O	12. DATE	13. ☐ FAST PAY CASE
ALTOONA PA	12 18 78	☐ HQ SELECTED ☐ FIELD SELECTED ADVANCE NOTICE SENT ☐ FIELD SELECTED NO ADVANCE NOTICE

14. NAME, ADDRESS, AND TELEPHONE NUMBER OF SURVIVOR(S) OR APPLICANT(S)	DATE OF BIRTH	RELATIONSHIP OR TITLE	APPLICATION RECEIVED REQ.	RECEIVED PERSON	RECEIVED MAIL	RECEIVED EMP.	FORM NUMBER
PAULINE E COWGILL	4-2520	WIDOW		X			AA-21
RT 2 BX 109F							
KEYSER WV 26726							

15. REQUIRED FORMS AND DOCUMENTS	ATT.	PREV. SUB.	TO BE SUB.
X POD 12-3-78	X		
X POM DOM:	X		
X POA AND/OR POR OF: WIDOW	X		
X G-476's			
RL-94-F			
RL-113			
POM/S			
PO PAYMENT B/E:			
PO PAYMENT LI/E:			
PO APPT. LEGAL REP.			
DEPEND. STATEMENT OF PARENT OR G-467			

16. REMARKS

UI-64 & SI-62 SUBMITTED TO BUSI

17. FOR HEADQUARTERS USE ONLY

☐ G-73a and att. released on (date)

☐ G-90 ☐ G-88a ☐ G-438 ☐ OA-C794 ☐ RR-90

☐

☐ G-73a not released

FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

234-22-6263
REG. NO.

DECEASED NAME (PRINT) — FIRST: Belmont — MIDDLE: Lyn — LAST: Cowgill

7a. DATE OF DEATH — KNOWN ☒ ESTIMATED ☐ — MONTH DAY YEAR: 12-3-78 19 — 7b. HOUR: 2:40p M

3. SEX: ale — 4. RACE: White — 5. DATE OF BIRTH MONTH DAY YEAR: 9-14-18 — 6. AGE (IN YEARS LAST BIRTHDAY): 60 YRS. — IF UNDER 1 YR. MONTHS DAYS — IF UNDER 24 HRS. HOURS MIN

7c. DATE PRONOUNCED DEAD — MONTH DAY YEAR: 12-3-78 19 — 7d. HOUR: 2:40p M

3a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): WVA — 7b. CITIZEN OF WHAT COUNTRY?: USA — 8. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 9. BALTIMORE CITY OR COUNTY OF DEATH: Allegany MD.

10. CITY OR TOWN OF DEATH: Cumberland — 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Sacred Heart Hospital — 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Signal Inspector — 12b. KIND OF BUSINESS OR INDUSTRY: B&O R.R.

RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a. STATE: W.Va, — 13b. COUNTY: Mineral — 13c. CITY OR TOWN: Keyser — 13d. INSIDE CITY LIMITS? YES ☐ NO ☒ — 13e. STREET ADDRESS: R#2

14. FATHER'S NAME — FIRST: Granville — MIDDLE — LAST: Cowgill

15. MOTHER'S MAIDEN NAME — FIRST: Ada — MIDDLE — LAST: Abe

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): No — (IF YES, GIVE WAR OR DATES)

16b. SOCIAL SECURITY NO.: 231-22-6263

17. INFORMANT: Pauline A. Cowgill, — ADDRESS: Rt. 2, Box 109 Keyser, W,Va

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Gastro-Intestingal Hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Hours

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF

(b): Myelongeous Leukemia — ---

DUE TO, OR AS A CONSEQUENCE OF

(c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).

MEDICAL CERTIFICATION

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES ☐ NO XX

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)

21f. LOCATION STREET CITY OR TOWN COUNTY STATE

I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection XX Inquiry XX and in my opinion death resulted from Natural causes XX, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐.

SIGNATURE: Benedict Skitarelic M.D. — TITLE (SPECIFY): Deputy MEDICAL EXAMINER — DATE SIGNED: 12-3-78

Benedict Skitarelic, M.D.

ADDRESS: R#9, Cumberland, Maryland

23a. METHOD OF DISPOSITION: Burial — 23b. DATE: 12/6/78 — 23c. NAME OF CEMETERY OR CREMATORY: Levels Cemetery — 23d. LOCATION CITY OR TOWN: Levels COUNTY: Hampshire STATE: W,Va.

NAME AND ADDRESS OF FUNERAL DIRECTOR: Keith Shaffer Funeral Home, Romney, W,Va.

25a. DATE REC'D BY REGISTRAR: DEC 7 1978 — 25b. REGISTRAR'S SIGNATURE:

Schaeffer

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS.

STATE REGISTRAR OF VITAL RECORDS

DATE ISSUED: Dec. 7, 1978

WARNING: It is illegal to duplicate this copy by photostat or photograph.

VALID ONLY IF EMBOSSED SEAL

RRB FORM G-91 (1-77)

DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED

1 FILE NAME OF EMPLOYEE: BELMONT L Cowgill

2 SSA NO.: 234-22-6263 | 3 SORT CODE | 4 RRB CLAIM NO.

5 DOCUMENTS ESTABLISH: ("X" applicable boxes)

TYPE CODE (COLS. 12-14): 900

	CODE	COLS.
AGE OF EMPLOYEE	0	23
AGE OF SPOUSE OR WIDOW(ER)	1	24
AGE/RELATIONSHIP OF CHILD	2	25
AGE OF PARENT	3	26
MARRIAGE	4	27
RELATIONSHIP	5	28
MILITARY SERVICE	6	29
DEATH	7	30

A. BIRTH, RELATIONSHIP, MARRIAGE, AND NAME RECONCILIATION

6 EMPLOYEE — (A) NAME | (B) DATE OF BIRTH (31 MO. DAY YR.) | AFFIDAVITS REQUIRED
(C) AGE | (D) DATE RECORD MADE | (E) WEIGHT OF RECORD (37)

7 SPOUSE OR WIDOW(ER) — (A) NAME: Pauline Etna Moreland | (B) DATE OF BIRTH (44 MO. DAY YR.): 04-25-[illegible] | AFFIDAVITS REQUIRED
(C) AGE | (D) DATE RECORD MADE: 043020 | (E) WEIGHT OF RECORD (50)

8 CHILD, PARENT, OR OTHER — (A) NAME | (B) DATE OF BIRTH (52 MO. DAY YR.) | AFFIDAVITS REQUIRED
(C) AGE | (D) DATE RECORD MADE | (E) WEIGHT OF RECORD (58)

9 NAMES OF PARENTS — (A) FATHER'S NAME | (B) MOTHER'S MAIDEN NAME

10 MARRIAGE — (A) PLACE OF MARRIAGE (CITY AND STATE): CUMBERLAND Md | (B) DATE OF MARRIAGE (60 MO. DAY YR.): 06-23-[illegible]
AFFIDAVITS REQUIRED — (C) HUSBAND'S NAME: BELMONT L Cowgill | (D) WIFE'S NAME: ETNA P MORELAND

B. MILITARY SERVICE

11 NAME AND RANK | 12 BRANCH | 13 SERIAL NO.

14 DATE ENLISTED OR INDUCTED | 15 DATE ENTERED ACTIVE DUTY (66 MO. DAY YR. 71) | 16 DATE DISCHARGED OR RELEASED FROM ACTIVE DUTY, IF EARLIER (72 MO. DAY YR.)

17 IF MULTIPLE PERIODS OF SERVICE, ENTER "X" (78)

18 MEANS OF ENTRY INTO SERVICE (79)
① ☐ CALLED FROM INACTIVE DUTY ② ☐ RE-ENLISTED
③ ☐ INDUCTED ④ ☐ ENLISTED ⑤ ☐ COMMISSIONED

19 TYPE OF DISCHARGE
① ☐ NOT DISHONORABLE
② ☐ DISHONORABLE

C. TYPE AND AGE VALUES OF DOCUMENTS

20 TYPE OF DOCUMENT ("X" applicable box)	VALUE	TYPE OF DOCUMENT ("X" applicable box)	VALUE	21 AGE OF DOCUMENT ("X" applicable box)	
				RECORDED-YEARS AFTER BIRTH	VALUE
☒ Civil Birth Record ☐ Church Birth/Baptism Record ☐ Birth Registration Notice ☐ Hospital Birth Record	30	☐ School Record ☐ Vaccination Record ☐ Insurance Record	15	☒ Record made within 1 year	24
				☐ Record made 1 through 10 years	21
☐ Physician or Midwife Record ☐ Bible or other Family Record	25	☐ Labor Union or Fraternal Record ☐ Employer's Record	10	☐ Record made 11 through 20 years	18
				☐ Record made 21 through 30 years	15
				☐ Record made 31 through 40 years	12
☐ Naturalization Record ☐ Military Record ☐ Immigration Record ☐ Passport ☐ Census or Draft	20	☐ Other Records Not Classified Above (Specify)	5	☐ Record made 41 through 50 years	9
				☐ Record made 51 through 60 years	6
				☐ Record made 61 through 70 years	3

D. DEATH

22 NAME OF DECEASED AS SHOWN ON EVIDENCE	23 DATE OF DEATH

24 PLACE OF DEATH (CITY AND STATE)	25 KIND OF DOCUMENT
	☐ DEATH CERTIFICATE

E. INSTRUCTIONS FOR COMPLETING THIS FORM:

26 *Complete all items applicable to the proofs being established. The date of birth and the date of the document must always be completed for each proof of age. If only the age is shown on the document, enter the age and the date of birth established by the document. If the date of the document is not shown, enter the last day of the year estimated to be the date the record was recorded. Also, compute the weight of the document by adding the type value (Item 20) to the age value (Item 21) and enter the total weight value in Items 6(e), 7(e) or 8(e), depending on whose birth date is being established. If multiple documents are being transcribed for two or three persons, show a symbol after the type and the age of the document as follows:*

APPLICANT	SYMBOL	APPLICANT	SYMBOL
EMPLOYEE	E	WIDOW (WIDOWER)	W
SPOUSE	S	CHILD	C

In a delayed birth registration the weight and date of record should be based on the oldest acceptable evidence used to obtain the delayed birth registration. See the Field Operating Manual or the Retirement Claims Manual for evaluation of proofs.

F. REMARKS AND CERTIFICATION

27 REMARKS:

28 I certify that the data shown on this form was transcribed from document(s) acceptable to the Board.

UNIT OR FIELD OFFICE	SIGNATURE & TITLE OF TRANSCRIBER	DATE
St Louis, Mo.	Mary C. Watts C/R	12-14-78
	SIGNATURE & TITLE OF REVIEWER	
	Charles E Hammel C/R	

G-91 (1-77)

FORM APPROVED
O.M.B. NO. 70-R0144

FORM AA-21
(1-77)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

APPLICATION FOR LUMP-SUM DEATH PAYMENT AND ANNUITIES UNPAID AT DEATH

601

RRB CLAIM NO. ..... A

DECEASED EMPLOYEE'S SSA. NO. 234 22 6263

THIS SPACE FOR BOARD USE ONLY

FIELD OFFICE NO. 243

CODED: Jan 1-19-79 BY DATE

OFFICIALLY FILED ..... MO. 12 DAY 14 YR. 78 BY Charles E Hammond

The information asked for in this application is needed to determine your entitlement to benefits under the Railroad Retirement Act and the correct amount of such benefits. No benefits may be paid unless a completed application form is received (45 U.S.C. 231a).

1 Print Deceased Employee's Name (First, Middle Initial, Maiden Name, If Female, Last): BELMONT L COWGILL

2 Print Applicant's Name (First, Middle Initial, Last): PAULINE E COWGILL

3 Address: # RT 2 BX 109F
KEYSER WV 26726

4 County: MINERAL

5 Telephone Number: 726-4336

6 Employee's date of birth ..... MO. 09 DAY 14 YR. 18

7 (a) Employee's date of death ..... MO. 12 DAY 03 YR. 78

(b) EMPLOYEE'S FIXED, PERMANENT HOME AT THE TIME OF DEATH (GIVE STATE OR FOREIGN COUNTRY): WV

8 Was the employee unable to work because of a disabling condition at the time of death? ..... YES X NO
If "Yes," give the date the disability began: 09-6-78

9 (a) Was the employee in active military service after September 7, 1939? ..... YES NO X
If "Yes," complete (b):

(b) Give branch of service and the inclusive dates of each period of military service:

BRANCH OF SERVICE	BEGAN MO.	BEGAN DAY	BEGAN YR.	ENDED MO.	ENDED DAY	ENDED YR.

10 List all work for hire performed by the employee during the last 3 years of employment:

NAME AND ADDRESS OF EMPLOYER	BEGAN MO.	BEGAN YR.	ENDED MO.	ENDED YR.
B&OR KEYSER WV	01	40	09	78

11 Was the employee self-employed at any time within the 2 year period prior to death? ..... YES ☐ NO ☒
If *"Yes,"* complete the following:

CHECK THE YEAR OR YEARS IN WHICH THE EMPLOYEE WAS SELF-EMPLOYED	IN WHAT KINDS OF TRADE OR BUSINESS WAS THE EMPLOYEE SELF-EMPLOYED?	EMPLOYEE'S NET EARNINGS FROM TRADE OR BUSINESS *(Check one)*	
		LESS THAN $400	$400 OR OVER
☐ THIS YEAR			
☐ LAST YEAR			
☐ YEAR BEFORE LAST			

12 Was the employee ever married? ..... YES ☒ NO ☐
If *"Yes,"* give the following information about each marriage of the employee, including the one, if any, in effect when the employee died:

MARRIAGE		TO WHOM MARRIED	MARRIAGE ENDED		
DATE	PLACE		HOW (*CHECK* ONE)	DATE	PLACE
6-23-41	COWB MB	PAULINE MOREKAND	DEATH ☒ DIVORCE ☐ ANNULMENT ☐	12/78	COWB MB
			DEATH ☐ DIVORCE ☐ ANNULMENT ☐		
			DEATH ☐ DIVORCE ☐ ANNULMENT ☐		

13 (a) Was the employee survived by a widow(er)? ..... YES ☒ NO ☐
If *"Yes,"* complete (b), (c), and (d):

(b) WIDOW(ER)'S NAME AND ADDRESS: PAULINE E COWGILL RT 2 BX 109F KEYSER WV 26726 — SSA NUMBER: 235-74-1604

(c) Widow(er)'s date of birth ..... MO. 04 DAY 25 YR. 20

If the widow(er) is now, or was in the month of the employee's death, age 50-59, is she (he) permanently disabled for any regular employment? ..... YES ☒ NO ☐

(d) Were the employee and his wife (her husband) living together at the same address at the time of the employee's death? ..... YES ☒ NO ☐
If *"No,"* complete (1), (2), and (3):

(1) Give:

DATE SEPARATION BEGAN	REASON FOR SEPARATION

(2) Was the employee under order by any court to contribute to the support of his wife (her husband)? ..... YES ☐ NO ☐
If *"Yes,"* and you are the widow or widower, submit a copy of the court order.

(3) Was the employee contributing to the support of his wife (her husband)? (Contributions may be in cash or kind, such as living rent-free in a house which the employee owned.) ..... YES ☐ NO ☐
If *"Yes,"* state how often and in what amounts contributions were made and date of last contribution:

14 (a) Give the following information about the employee's children:

NAME AND ADDRESS OF CHILD	DATE OF BIRTH MO.	DAY	YR.	RELATIONSHIP (Check one) LEGITIMATE	ADOPTED	STEPCHILD	OTHER
NONE							

(b) Is a child of the employee expected to be born? ..... N/A ..... YES ☐ NO ☐
If *"Yes,"* give the month in which birth is expected:

15 Were any of the children named in item 14 unmarried and (1) under age 18, (2) age 18 to 23 and attending school full time, or (3) age 18 or older and unable to work because of a disability which began before age 22, as of the month in which the employee died? ..... YES ☐ NO ☒
If "Yes," give:

NAME OF CHILD	IF AGE 18 OR OLDER, CHECK ONE: BECAME DISABLED BEFORE 22	FULL-TIME STUDENT

16 Was the employee survived by any unmarried, dependent grandchildren who were (1) under age 18, (2) age 18 to 23 and attending school full time, or (3) age 18 or older and unable to work because of a disability which began before age 22, as of the month in which the employee died? ..... YES ☐ NO ☒

If "Yes," give:

NAME AND ADDRESS OF GRANDCHILD	DATE OF BIRTH			IF AGE 18 OR OLDER, CHECK ONE	
	MO.	DAY	YR.	BECAME DISABLED BEFORE 22	FULL-TIME STUDENT

17 (a) Was the employee survived by a parent? ..... YES ☐ NO ☒

If "Yes," complete (b) and (c):

(b) Give the following information:

NAME AND ADDRESS OF PARENT	WAS PARENT DEPENDENT ON EMPLOYEE (YES OR NO)	RELATIONSHIP (Check One)			DATE OF BIRTH		
		NATURAL PARENT	ADOPTIVE PARENT	STEP-PARENT	MO.	DAY	YR.

(c) If you are the parent of the employee, were you receiving at least one-half of your support from the employee at the time of death? ..... YES ☐ NO ☐

18 If the employee is survived by a divorced wife and he was married to her for at least 20 years, give:

NAME AND ADDRESS OF THE DIVORCED WIFE:	DATE OF BIRTH		
	MO.	DAY	YR.

19 What is your relationship to the deceased employee?

WIDOW

IF YOU ARE THE FUNERAL HOME APPLICANT, SKIP ITEMS 20-30, SIGN THIS APPLICATION, AND COMPLETE FORM G-273a

20 If you are the employee's *widow*, give your maiden name:

MORELAND

21 If you are the *widower*, were you receiving at least one-half of your support from the employee when she died or when her retirement annuity began? ..... YES ☐ NO ☐

22 If you are the widow or widower:

(a) Was your marriage to the employee performed by a clergyman or authorized public official? ..... YES ☒ NO ☐

If "No," explain:

(b) Have you ever been married to anyone other than the employee? ..... YES ☐ NO ☒

If "Yes," give the following information about each of your other marriages:

MARRIAGE		TO WHOM MARRIED	MARRIAGE ENDED		
DATE	PLACE		HOW (Check ONE)	DATE	PLACE
			DEATH ☐ DIVORCE ☐ ANNULMENT ☐		
			DEATH ☐ DIVORCE ☐ ANNULMENT ☐		
			DEATH ☐ DIVORCE ☐ ANNULMENT ☐		

IF YOU ARE THE WIDOW OR WIDOWER AND YOU WERE LIVING IN THE SAME HOUSEHOLD WITH THE EMPLOYEE AT TIME OF DEATH, SKIP ITEMS 23-30 AND SIGN THIS APPLICATION.

23 If you paid all or part of the employee's burial expenses or assumed responsibility for the payment of such expenses, give the information called for below: *(If you need more space, continue in "Remarks" or on a separate sheet.)*

	TOTAL COST	SOURCE OF PAYMENT(S)	AMOUNT PAID
(a) 1. Funeral home expenses	$	Amount paid by you from your own funds	$
		Amount paid by you from employee's funds	$
		Other Person(s) who paid Funeral Expenses	
		Name:	$
		Name:	$
		Name:	$
		TOTAL FUNERAL HOME EXPENSES PAID	$

2. Other expenses not included in funeral home expenses above:		PERSON(S) WHO PAID OTHER EXPENSES	
• Grave opening and closing	$	NAME:	$
• Burial plot	$	NAME:	$
• Other burial expenses	$	NAME:	$
TOTAL BURIAL EXPENSES	$		

(b) If (a) does not include the cost of the burial plot, was burial in the family plot? ..... YES ☐ NO ☐

If "No," give the name of the person who furnished the plot:

(c) If any of the employee's funeral home expenses are unpaid, did you assume responsibility

24 Give the address of any person, other than yourself, shown in item 23(a), (b), or (c):

NAME	ADDRESS

25 Have you received, or will you receive, any cash or property toward the expenses you paid as shown in Item 23(a)? ..... YES ☐ NO ☐
(Do not include proceeds from an insurance policy or death benefits from a fraternal association, union, or employer if you were named beneficiary of such benefit.)

If *"Yes,"* give the following information:

SOURCE OF PAYMENT	DATE PAYMENT RECEIVED OR EXPECTED	AMOUNT
		$
		$

26 Has an application for the burial allowance been filed (or will it be filed) with the Veterans Administration or any other Federal Agency? ..... YES ☐ NO ☐

If *"Yes,"* give the following information:

NAME OF AGENCY	NAME OF PERSON FILING WITH OTHER AGENCY	AMOUNT
☐ Veterans Administration		$
☐ Other (Give name)		$

27 Have you been appointed administrator or executor of the employee's estate? ..... YES ☐ NO ☐

If *"No,"* give name and address of the administrator or executor: *(If none, enter "None.")*

NAME	ADDRESS

28 If there are no living children, give the following information about the employee's living grandchildren: *(If none, enter "None.")*

NAME AND ADDRESS	AGE	NAMES OF PARENTS (INCLUDE MOTHER'S MAIDEN NAME)
		FATHER
		MOTHER
		FATHER
		MOTHER
		FATHER
		MOTHER

29 If there are no living children, grandchildren, or parents, give the following information about the employee's living brothers and sisters: *(If none, enter "None.")*

NAME	AGE	ADDRESS

30 If any of the funeral home expenses shown in Item 23(a) are unpaid, the lump-sum death payment must first be paid to the funeral home(s) to the extent of the unpaid expenses. If you assumed responsibility for the payment of these expenses, you may authorize payment of the lump-sum death payment to the funeral home by completing the following: I hereby authorize the Railroad Retirement Board to make payment of the lump sum to:

NAME OF FUNERAL HOME	ADDRESS

Such payment is to be applied toward the unpaid funeral home expenses of $_____

REMARKS

CERTIFICATION: KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER FEDERAL LAW IS COMMITTING A CRIME PUNISHABLE UNDER FEDERAL LAW, I CERTIFY THAT THE DATA I FURNISHED IS CORRECT.

4-13 4/5

RRB FORM G-73a (8-71)

REQUEST FOR CERTIFICATION OR TRANSFER-SURVIVOR CLAIM

1 WAGE REQUEST FORWARDED TO SSA

DATE

AA-12 RELEASED

3 RRB CLAIM NO.

8 SSA NO.

2 NAME OF DECEASED EMPLOYEE (LAST-FIRST INITIAL-MIDDLE INITIAL)

COWGILL, BELMONT L. D

4 RT. 2 Box 109f
Keyser W. V. 26726

234-22-6263

M

09-14-18
12-03-78

9 Pauline E. Cowgill (WID) B&O

10 MILITARY SERVICE

BRANCH

FROM TO

FROM TO

VERIFIED BY ☐ SSA ☐ RRB ☐ PROOF ATTACHED

11 ☐ APPL. F/D OR ☐ DLW

12 COMPUTATION DATA

A ☐ DEC'D REC'D ANN. BEFORE 1948 BASED ON AT LEAST 10 YRS. SERVICE

$ (AV. MO. COMP.)

B ☐ DEC'D WAS A PENSIONER

$ (AMT. OF PEN.) $ (AV. MO. EARN.)

C ☐ SURVIVOR AWARD MADE AFTER 9-5-58; EMPLOYEE DIED BEFORE 2-15-68. BA PREV. COMPUTED BASED ON:

$ (AV. MO. REMUN.) (INCREMENT YRS.)

13 EFFECTIVE DATE(S) OF ANNUITY

14 DISABILITY FREEZE ESTABLISHED FROM TO

DISABILITY FREEZE ESTABLISHED BY SSA ☐ YES ☐ NO

15 LAG CODES

☐ (1) ☐ (3)
☐ (2) ☒ (4)

16 YEAR BEFORE DEATH LAG

YR	SM	COMP.

17 YEAR OF DEATH LAG

YR	SM	COMP.

18 ☐ C/C ☐ C/C BROKEN ☐ C/C UNKNOWN

19 COMPUTER PROCESSING CODES:

CODE	TYPE
(21) ☐	"A" CASE
(22) ☐	"A" CASE WITH AMC
(23) ☒	INITIAL "D"
(24) ☐	AME (PENSIONER)
(25) ☐	PA (PENSIONER)
(26) ☐	PREVIOUS AMR BASIC AMOUNT
(45) ☐	GROSS RESIDUAL ONLY
(46) ☐	RRB TRANSFER

20 TYPE OF PAYMENT:

A ☐ LUMP SUM

B ☐ MONTHLY ANNUITY O/M COMP. REQ'D.

C ☐ UNKNOWN O/M COMP. REQ'D.

22 SSA BENEFICIARY

☐ RIB OR DIB

21 JURISDICTIONAL DATA

A ☐ RRB DOES NOT HAVE JURISDICTION

B ☐ RESIDUAL PAID ELECTION MADE

C ☐ RESIDUAL PAID-NO ELECTION SA OR LSDP TO

D ☐ CLAIMS MATERIAL ATTACHED

E ☐ BENEFITS DEDUCTIBLE FROM GROSS RESIDUAL $

SIGNED

DATE

23 REMARKS:

widow Issue Ea to DR
by leg from 1-40 to 9!-

DEC 29 1978

PAULINE E. COWGILL
RT 2, BX 109F
KEYSER, WV 26726

Addn - 9/78 & 1-3-78

EXAMINER	UNIT	DATE

G-73a (8-7

1A YEAR	B	C	D	E	F	G	H	I WAGES AND/OR COMPENSATION	J TOTAL WAGES AND COMPENSATION
1937 THRU 1950	108		1					W774.71 23,301.53 W61.25	24,076.24
3600 3600 51	12							3,600.00	3,600.00
52	12							3,571.67	3,571.67
53	12							3,600.00	3,600.00
3600 3900 54	12							3,900.00	3,600.00
4200 4200 55	12							4,200.00	4,200.00
56	12							4,200.00	4,200.00
57	12							4,200.00	4,200.00
58	12							4,186.68	4,186.68
4800 4550 59	12							4,550.00	4,550.00
4800 4800 60	12	7777						4,800.00	4,800.00
61	12	7777						4,800.00	4,800.00
62	11	7677						4,093.60	4,093.60
4800 4900 63	12	7777						4,900.00	4,800.00
4800 5400 64	12	7777						5,400.00	4,800.00
65	12	7777						5,400.00	4,800.00
6600 6600 66	12	7777						6,600.00	6,600.00
67	12	7777						6,581.08	6,581.08
7800 7800 68	8	7067						4,095.07	4,095.07
69	12	7777						6,171.96	6,171.96
70	12	7777						7,745.17	7,745.17
71	12	7777						7,800.00	7,800.00
9000 9000 72	12	7777						9,000.00	9,000.00
10800 10800 73	12	7777						10,774.16	10,774.16
13200 13200 74	12	7777						13,058.57	13,058.57
14100 14100 75	12	7777						14,022.16	14,022.16
15300 15300 76	12	7777						14,195.15	14,195.15
16500 16500 77	6	0473						7,138.47	7,138.47
78	6	0770						5838.71	5838.71
79									
80									
81									

2. REQUEST DATA

A CLAIM NUMBER	B ACCOUNT NUMBER	C NAME	D SEX	E TYPE ANN.	F DT ONSET	G PRIOR SVC. MOS.	AVERAGE	H DATE INTO SYSTEM	I MBR E/M	J TYPE REQUEST
D234226263	234 22 6263	COWGI	U					01-06-79		SURV

K BIRTH DATE MO. DAY YR.	L DOD MO. YR.	M APPL. DATE Q. YR.	N ANN. BEG'N. DATE MO. DAY YR.	O COMP ALLOC	P	M/S AFTER 1936 FROM	TO	CR.	Q C/C IND.	R	S REQ UNIT	T REQ BUR
09 00 18	12 78		12 00 00		1 2							

3. DPA MASTER RECORD DATA

A NAME	B ACCOUNT NO.	C CLAIM NO.	D DOB MO. YR.	E PAYROLL ID	F EMPLOYER NOS.	G P/S MOS	H DATE PRINTED
COWGILL BL	234 22 6263		09 18	1054223100	1302		01 12 79

I LYS ICC YR.	J DEATH YR. SRCE.	K INACT. INCORR. IND.	L EARMARKINGS: SS	RSI	GF	DF	UI 87	C/C	M SSA TRANSC. OR INQUIRY	N	O DATA REC'D MO. DAY SS REPLY 01 11 REENTRY
044 77											

4. SSA WAGE TAPE DATA

A PEND. IND.	B NAME	C DOB MO. YR.	D SEX	E BEN. STATUS	F DIS. FRZ.	G MULT. A/N	H WAGES TO DATE	I
	COWGIL	09 18	M				835.96	

5. SSA MASTER BENEFIT (MBR) DATA

A NAME	B BIRTH DATE MO. DAY YR. VER.	C SEX	D 3R CRED.	E BIC	F LAF CODE	G CURRENT PIA	H SPEC. MIN.	I SSA REG. PIA	J DRC	K TERM DATE MO. YR.	L SMIB PREMIUM

M BENEFIT DATA MO. YR.	MO. RATE	MO. YR.	MO. RATE	FAM. RATE	N.	O. PART RATE	P. SS BEN DOE MO. YR.	Q. BENEFICIARIES A	B	C	D	E	F	OTHER	R. M/S CODE	S. HIB EFF MO. YR.	T. SMIB EFF MO. YR.

U.

6. COMPUTATIONS

A SUBS. SVC. COMPENSATION DATA	SM	COMPENSATION
TOTAL THRU DLW	421	195,885.27
CREDITABLE M/S		
TTO WITH M/S		
37-46 COMP.	60	9,936.85
GROSS RESIDUAL		12,272.90
GROSS RESIDUAL WITH M/S		
1959 GROSS AMT.		4,800.00
EXCESS TAX		.92

D FAMC

B COMPUTATIONS (PRIOR & SUBS. SVC.)	SM	COMPENSATION	AMC	#	OPT AMC
PRE 1975 WITH M/S				1	
POST 1974				2	
1976 MAX.				3	
1980 MAX.				4	
THRU RR DLW WITH M/S				5	

C BASIC AMT. I/YRS. 35
(1) FOR W/F AMR 336.00 AMT. 98.16
(2) FOR LSOP AMR 363.00 AMT. 102.82

7. PIA DETERMINATIONS

A PIA'S — EMPLOYEE DECD

ID	AMW	AMT.	YOC	SPEC. MIN.	AMW	AMT.	YOC	SPEC. MIN.
#1	578	432.70	41	180.00				
3								
4								
5								
6								
7								
8	487	293.60	38	180.00				
# 9	578	432.70	41	180.00				
10								
11								

RECOMP-EFFECTIVE
1
3
9

B QTRS. OF COVERAGE
REQUIRED
ACQUIRED:
WAGES ONLY— THRU 19 TO DATE
WAGES & POST 74 COMP.- TO DATE
QTR. I/S ACQUIRED

C PIA 2 FOR TIER I WD
INITIAL | RECOMP.

8. REMARKS: #6-1978 PIA

THIS REPORT OF SERVICE AND COMPENSATION RELATES DATA IN THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION. THIS DATA IS FURNISHED AS A BASIS FOR DETERMINING THE AMOUNT OF RETIREMENT OR SURVIVOR BENEFITS AUTHORIZED.

DIRECTOR DATA PROCESSING

CERTIFICATION OF SERVICE AND COMPENSATION — BASIC AMOUNT, AMC AND PIA DETERMINATIONS

B FORM G-90 (1-78)

RRB FORM G-90a (12-78)

MANUAL CERTIFICATION OF SERVICE AND COMPENSATION — BASIC AMOUNT AND PIA DETERMINATIONS

1 A. NAME	B. ACCOUNT NO.	C. CLAIM NO.	D. SPOUSE ACCT. NO.	E. WIDOW ACCT. NO.
	234-22-6263	D-		

2 YEAR ATTAINED AGE 62 _____, or DF YEAR _____

3 RAILROAD RETIREMENT ACT — COMPUTATIONS

CLOSING DATE	WAGES AND/OR COMPENSATION	DIV.	AMW	INC YRS	BASIC AMT. LUMP-SUM	BASIC AMT. WINDFALL-SURV.
1-1-75	161,304.20	444	363	35	10282	
1-1-78	161,304.20	480	336	35		9814

4 PIA #1 — SOCIAL SECURITY ACT — COMPUTATIONS — REG. SSA CD

AMW PIA ☐ AIME PIA ☐ TRANS PIA ☐

CLOSING DATE	WAGES AND/OR COMPENSATION	DIV.	AMW	PREVIOUS PIA	CURRENT OR 6/74 PIA	YOC	SP. MIN. PIA
1-1-78	154,512.11	264	585	41020	43640	4Y	230-

5 PIA #1 — PIB FORMULA —

OLD ☐ REV ☐ PIB METHOD ☐ REG. SSA CD

6 PIA #3 — RESIDUAL DEDUCTION-COMP. — REG. SSA CD

AMW PIA ☐ AIME PIA ☐ TRANS PIA ☐

7 PIA #4 — WINDFALL-WAGES — 12-31-74 OR RR YLW

8 PIA #5 — PASS/THRU-PRE 75 COMPONENT-COMP. — 12-31-74

CLOSING DATE	WAGES AND/OR COMPENSATION	DIV.	AMW	PREVIOUS PIA	CURRENT OR 6/74 PIA	YOC

9 PIA #6 — O/M AND IMPUTED PIA — COMP. — 12-31-74 CD (DIV. 18 OR 32)

10 PIA #7 — WINDFALL — COMPENSATION — 12-31-74 OR RR YLW

11 PIA #8 — WINDFALL — COMP. AND WAGES — 12-31-74 OR RR YLW

1-1-78	128,706.29	264	487		29360	38

12 PIA #9 — NEW 100% OM GUARANTY — REG. SSA CD (EARN. AFTER 74 NC

AMW PIA ☐ AIME PIA ☐ TRANS. PIA ☐

1-1-78	154,512.11	264	585	33700	43490	4Y

13 PIA #10 — GRANDFATHER PASS/THRU — (EARN. AFTER 74 FROZEN)

14 PIA #11 — GRANDFATHER O/M — (EARN. AFTER 74 FROZEN)

15 PIA #17 — SUBTRACTIVE AMOUNT FOR WORK DEDUCTION

16 PIA #21 — AUXILIARY — WAGES — 12-31-74 OR RR YLW

COMP. 17 4

VER.

I CERTIFY THAT THIS REPORT OF SERVICE AND COMPENS AND RELATED DATA IS CORRECT ACCORDING TO THE P IONS OF THE RAILROAD RETIREMENT AND SOCIAL SEC ACTS AND TO THE RECORDS OF THE BUREAU OF DATA PRC ING AND ACCOUNTS. THE USE OF THIS DATA TO DETE ELIGIBILITY FOR AND THE AMOUNT OF RETIREMENT OF VIVOR BENEFITS IS AUTHORIZED.

RRB FORM G-35 (2-72)

RRB CLAIM NO.

STATEMENT OF JURISDICTION AND/OR RECORD OF TRANSFER

COWGILL, BELMONT L. D

RT. 2 Box 109f 234-22-6263
Keyser W. V. 26726

09-14-18
12-03-78

Pauline E. Cowgill (WID) B&O

BUREAU OF DATA PROCESSING & ACCOUNTS

1 ☑ RRB HAS JURISDICTION—G-73a BEING PROCESSED

2 SSA HAS JURISDICTION
- ☐ CURRENT CONNECTION NOT APPARENT
- ☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE

_____ MONTHS OF SERVICE AFTER 1936

3
- ☐ RR-14 INITIATED
- ☐ SSA-794 NOT REQUIRED

4 CLAIM TRANSFERRED TO SSA:

APPLICATION FORM NUMBER _____

FIELD OFFICE NUMBER _____

DATE APPLICATION FILED _____

NAME AND ADDRESS OF APPLICANT:

5 GROSS AMOUNT OF RESIDUAL

$ _____

REMARKS:

Norris 12/6/79
(PREPARED BY) (DATE)

BUREAU OF RETIREMENT CLAIMS

6 ☐ RRB HAS JURISDICTION-REQUEST FOR RR E/R RETURNED TO SSA

OFFICE: _____ DATE _____

_____ DATE _____

7 CASE TRANSFERRED TO SSA ON BASIS OF:
- ☐ RR-90
- ☐ REQUEST FOR RR E/R TO ☐ PC OR ☐ DO

AT _____
(CITY, STATE)

REASON FOR TRANSFER:
- ☐ CURRENT CONNECTION NOT APPARENT
- ☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE

8
- ☐ FORM SS-5 RETURNED
- ☐ FORM OA-702 RETURNED
- ☐ NEITHER FORM IN FILE

9 MATERIAL TRANSFERRED TO SSA:
- ☐ APPLICATION
- ☐ POM ☐ POD ☐ PO M/S
- ☐ POA ☐ G-273a ☐ CC RL-71
- ☐ RL-115 ☐ OTHER *(Specify Below)*:

REMARKS:

_____ _____
(PREPARED BY) (DATE)

RRB FORM NO. G-24 (10-55)

CLAIM NUMBER
D-234-22-6263

FOLDER RECORD OF ACTION TAKEN

FORM RELEASED G-73a, G-90

RELEASED TO BOPA

OTHER ACTION: to include RR leg

2nd request 4-16-79

1-25-79 (DATE)

R. Silva (EXAMINER)

RRB Chicago

RAILROAD RETIREMENT BOARD - - INTEROFFICE COMMUNICATION G-115x

SPEED MEMO

TO Altoona, Pa DIO

FROM BAC-5016

SUBJECT D-234-22-6263 - Elmont L. Ingill, Ret. Emp.
Pauline A. Ingill - Widow
Rt. 2, Box 189F
Kuper, WV 26726 Ph. 726-4330

MESSAGE	YOUR REPLY
DATE 1-25-79	DATE
On AA-21, widow states she is non-living with ee at the is also disabled. If she is N/C/W she will be paid COP, but if she remarried, yes. Ltr. for DIOIA.	
SIGNED: [illegible] X4072	SIGNED:

CH

RAILROAD RETIREMENT BOARD - - INTEROFFICE COMMUNICATION G-115x

SPEED MEMO

FROM ~~TO~~ Altoona, Pa D/O

TO ~~FROM~~ BRC-Sm6

SUBJECT D-234-22-6263 - Belmont L. Cowgill, dec'd. ee
Pauline E. Cowgill - widow
Rt. 2, Bx 189F
Keyser, WV 26726 PH-726-4336

MESSAGE	YOUR REPLY
DATE 1-25-79	DATE 02-02-79
On AA-21, widow states she is non-living with Ee and she is also disabled. If she is N/L/W, she can't be paid LSDP, but if she is disabled, pls. adv. for DWIA.	RE OUR PHONE CONVERSATION OF THIS DATE. ITEM 13d SHOULD HAVE HAVE BEEN ANSWERED YES. THEY LIVED TOGETHER AT SAME ADDRESS.
	ITEM 13c SHOULD HAVE BEEN ANSWERED NO. SHE IS NOT DISABLED.
	SORRY.
SIGNED: R. Sliva X4672	SIGNED Charles E Hamm C/K ALTOONA PA

RRB FORM G-94b (5-68)

RECORD OF PHONE INQUIRY

CLAIM NO. A-234-22-6263

EMPLOYEE'S NAME Belmont L. Cowgill

TO: BRC-SM6 (D/O OR HQTRS. UNIT CALLED) — R. Silva (PERSON CONTACTED)

FROM: Altoona, Pa D/O (D/O OR HQTRS. UNIT CALLING) — Charles Hammond (PERSON MAKING INQUIRY) — 2-2-79 (DATE)

INFORMATION REQUESTED: Recv memo D 1-25-79. D/O stated that widow was living with Ee and that she is not disabled. C/R just marked the wrong boxes on AA-1.

REPLY TO BE MADE BY: ☐ T/T ☐ MEMO ☐ PHONE ☐ _____

WHEN PHONE REPLY MADE, SHOW INFORMATION FURNISHED:

PHONE REPLY:	Made by	Received by	Date

G-94b (5-68)

AA-12

NOTICE OF DEATH AND STATEMENT OF COMPENSATION

Re all 3/20/79

FEB 15 1979

RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

NAME
BL COWGILL
SOCIAL SECURITY NUMBER
234-22-6263
LAST OCCUPATION OR ICC CODE
044
PAYROLL IDENTIFICATION
/1054223100
DATE OF DEATH
12-78
9822

NAME AND ADDRESS OF EMPLOYER

BALTIMORE & OHIO RR CO.
H J HARBERT, DIR-PAYROLL ACCTNG
BALTIMORE & CHARLES STS
BALTIMORE MD 21201

DATE LAST WORKED (LAST DATE CARRIED ON PAYROLL AS EMPLOYEE) 9/78

IF YOU HAVE ALREADY SUBMITTED A FORM AA-12 FOR THIS EMPLOYEE ENTER THE DATE AND DISREGARD THE DETAIL.

FORM AA-12 SUBMITTED (DATE)

INSTRUCTIONS TO EMPLOYER ON COMPLETION OF FORM

DO NOT REPORT MORE THAN THE MAXIMUM CREDITABLE COMPENSATION FOR ANY ONE MONTH. IF YOU ALLOCATE VACATION PAY TO THE DATE LAST WORKED, INCLUDE IT IN ITEM 1 OR 2, WHICHEVER IS APPLICABLE. IF YOU ALLOCATE VACATION PAY TO A PERIOD FOLLOWING THE DATE LAST WORKED, FILL IN ITEMS 3 AND 4. VACATION PAY ENTERED IN ITEM 3 MUST NOT BE INCLUDED IN COMPENSATION SHOWN IN ITEM 1 OR 2.

STATEMENT OF SERVICE MONTHS AND COMPENSATION

	MONTHS	COMPENSATION
1 SHOW TOTAL NUMBER OF MONTHS WORKED AND TOTAL CREDITABLE COMPENSATION THROUGH DATE LAST WORKED FOR CURRENT YEAR 1979.	0	-0-
2 IF THIS REPORT IS COMPLETED AND SENT TO US BEFORE YOUR ANNUAL REPORT IS SUBMITTED, SHOW TOTAL NUMBER OF MONTHS WORKED AND TOTAL CREDITABLE COMPENSATION FOR PRECEDING YEAR 1978.	6	5838.71

3 ALLOWANCES FOR PERIODS AFTER DATE LAST WORKED

FROM	TO	AMOUNT	REASON FOR PAYMENT
			Did not work
			in Jan, Feb +
			Mar

4 IF ITEM 3 SHOWS AN ALLOWANCE FOR A PERIOD AFTER DATE LAST WORKED, ANSWER THE FOLLOWING:

DID THE EMPLOYEE EARN MORE THAN THE MAXIMUM CREDITABLE AMOUNT IN THE LAST MONTH HE WAS EMPLOYED?

YES NO

IF "NO", SHOW HIS EARNINGS FOR THE LAST MONTH: $

CERTIFICATION

EMPLOYER CERTIFICATION BY RAILROAD CONTACT OFFICIAL OR NATIONAL REPORTING OFFICER OF LABOR ORGANIZATION. THE INFORMATION IN THIS REPORT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

TITLE DIRECTOR OF PAYROLL ACCOUNTING

SIGNATURE H.J. Harbert

DATE MAR 09 1979

2nd request

RRB FORM G-73a (8-71)

Typing request 9 1-25-79

REQUEST FOR CERTIFICATION OR TRANSFER–SURVIVOR CLAIM

1 WAGE REQUEST FORWARDED TO SSA

DATE

3 RRB CLAIM NO

D-

2 NAME OF DECEASED EMPLOYEE (LAST-FIRST INITIAL-MIDDLE INITIAL)

COWGILL, B. L.

☐ FOREIGN RESIDENT

8 SSA NO.

234-22-6263

4 DATE OF DEATH	5 DATE OF BIRTH	6 FEMALE	7 PRIOR S.M.
12-3-78	9-14-18	☐	

10 MILITARY SERVICE

BRANCH

FROM TO

FROM TO

VERIFIED BY ☐ SSA ☐ RRB ☐ PROOF ATTACHED

9 RSI LAG EMPLOYERS AND ADDRESSES	FROM	TO
RR lag *	1-40	9-78

11 ☐ APPL. F/D OR ☐ DLW

12 COMPUTATION DATA

A ☐ DEC'D REC'D ANN. BEFORE 1948 BASED ON AT LEAST 10 YRS. SERVICE

$ (AV. MO. COMP.)

B ☐ DEC'D WAS A PENSIONER

$ (AMT. OF PEN.) $ (AV. MO. EARN.)

C ☐ SURVIVOR AWARD MADE AFTER 9-5-58; EMPLOYEE DIED BEFORE 2-15-68. BA PREV. COMPUTED BASED ON:

$ (AV. MO. REMUN.) (INCREMENT YRS.)

13 EFFECTIVE DATE(S) OF ANNUITY

14 DISABILITY FREEZE ESTABLISHED FROM TO

DISABILITY FREEZE ESTABLISHED BY SSA ☐ YES ☐ NO

15 LAG CODES ☐ (1) ☐ (2) ☐ (3) ☐ (4)

16 YEAR BEFORE DEATH LAG			17 YEAR OF DEATH LAG		
YR	SM	COMP.	YR	SM	COMP.

18 ☒ C/C ☐ C/C BROKEN ☐ C/C UNKNOWN

19 COMPUTER PROCESSING CODES:

CODE	TYPE
(21) ☐	"A" CASE
(22) ☐	"A" CASE WITH AMC
(23) ☐	INITIAL "D"
(24) ☐	AME (PENSIONER)
(25) ☐	PA (PENSIONER)
(26) ☐	PREVIOUS AMR BASIC AMOUNT
(45) ☐	GROSS RESIDUAL ONLY
(46) ☐	RRB TRANSFER

20 TYPE OF PAYMENT:

A ☒ LUMP SUM

B ☐ MONTHLY ANNUITY O/M COMP. REQ'D.

C ☐ UNKNOWN O/M COMP. REQ'D.

22 SSA BENEFICIARY

☐ RIB OR DIB

21 JURISDICTIONAL DATA

A ☐ RRB DOES NOT HAVE JURISDICTION

B ☐ RESIDUAL PAID ELECTION MADE

C ☐ RESIDUAL PAID-NO ELECTION SA OR LSDP TO

D ☐ CLAIMS MATERIAL ATTACHED

E ☐ BENEFITS DEDUCTIBLE FROM GROSS RESIDUAL $

SIGNED

DATE

23 REMARKS: * widow claims E.E to have RR lag for the B & O RR, Keyser, WV, from 1-40 — 9-78.

widow - PAULINE E. COWGILL
RT 2, BX 109F
KEYSER, WV 26726

EXAMINER	UNIT	DATE
R. Silva	SMb	4-16-79

G-73a (8-71)

RRB FORM G-359a (3-74)

REQUEST FOR EDP AWARD OF LSDP, RLS, OR ACCRUED ANNUITY

1	RRB Claim No. (Enter prefix in (3))	1-12	1 X	2 L	3 D	4 2	5 3	6 4	7 2	8 2	9 6	10 2	11 6	12 3
2	Payees. (Enter "1" under the appropriate symbol for each payee on this award. Enter "X" for each previous or potential payee.)	13-18	L1 1	L2	L3	L4	L5	L6						
3	Type of Payment: LSDP OR RLS (only) To W. "1"–LSDP; "2"–Def. LSDP; "7"–RLS elected. To others: "6"–LSDP to p b/e or FH "8"–RLS to one or more in equal shares; "9"–RLS to two or more in unequal shares. LSDP AND/OR ANNUITY ADJUSTMENT "3"–LSDP minus "last check" (to W) "4"–LSDP plus accrued annuity (to W) "5"–LSDP plus accrued annuity (to p b/e) "A"–Accrued annuity (to p b/e) "B"–Accrued annuity (to W or relatives)	19	1											
4	Employee Information:	20-29	B E L M O N T		L									
	(A) Name (20-39)	30-39	C O W G I L L											
	(B) SS Account No.	40-48	2 3 4 2 2 6 2 6 3											
	If LSDP or RLS award:													
	(C) Date of Birth	49-52	MO. 0 9	YR. 1 8										
	(D) Date of Death	53-56	1 2	7 8										
	(E) Marital Status at Death: Male: "0"–Married; "1"–S.W.D. Female: "3"–Married; "4"–S.W.D.	57	0											
	(F) Military Service: "0"–Not Used; "2"–M/S 1/37-6/63; "3"–M/S before 1/37 or after 6/63.	58	0											
	(G) Insured Status: "1"–Comp. Ins. RRA; "5"–Part.Ins.RRA; "7"–Ins.SSA only; "9"–NIS.	59	1											
5	Widow(er)'s SSA No.	60-68	2 3 5 7 4 1 6 0 4											
6	Total benefit(s) payable LSDP $ _____ +☐ -☐ $ _____	70-76	1 0 2 8 2 0											
		(77-80)	⌀ ⊥ ⊥ ⊥											
7	If LSDP award:	1-12	Duplicate Item 1											
	(A) Enter official filing date of each payee on this award:		MO.	DAY	YR.									
	L1	13-19	1 2	1 4	7 8	1								
	L2	20-26				2								
	L3	27-33				3								
	L4	34-40				4								
	L5	41-47				5								
	L6	48-54				6								
	(B) Enter 1966 Basic Amount	57-61	1 0 2 8 2											
	(C) WIA at age 60? "1"–Yes; "2"–No.	62	1											
	(D) If RLS information required, enter: "1"– G-475; "2"– CP520c; "3"– CP542	63	1											
8	If LSDP or RLS award and widow survives: Enter her DOB	64-69	MO. 0 4	DAY 2 5	YR. 2 0									
9	Type of Cert: "1"–Final; "2"–Partial.	70	1											
10	(A) Examiner No.	71-73	2 0 6											
	(B) Authorizer No.	74-76	4 5 5											
		(77-80)	⌀ ⊥ ⊥ 2											

CONTINUE ON G-359b

RRB FORM G-359b (2-71)

REQUEST FOR EDP AWARD OF LSDP, RLS, OR ACCRUED ANNUITY (Continued from G-359a)

SECTION I – WHEN TYPE OF AWARD IS: / COMPLETE THESE ITEMS IN SECTION I:

WHEN TYPE OF AWARD IS:	COMPLETE THESE ITEMS IN SECTION I:
RLS	Item 11. Also Item 13 if awarding RLS in UNEQUAL shares
LSDP to p b/e or FH	Items 12 and 13
LSDP plus accrued annuity to p b/e	Items 12 and 13
Accrued annuity, only, to p b/e	Items 12 and 13
Accrued annuity, only, to W or relatives	Item 13

			1-12	Duplicate Item 1 of G-359a
11	(A) Gross Residual		13-19	
	(B) Deductions for other Benefits		20-26	
	(C) If RLS elected, is employee insured at SSA on wages only? "1" - Yes; "2" - No.		27	
	(D) If payee is designated beneficiary, enter "1".		28	
12	Amount of Reimbursable B/E		29-34	
13	RLS in unequal shares. OR Accrued annuity, only, to W or relatives	Enter amount payable to each payee	L1 35-41	1
			L2 42-48	2
			L3 49-55	3
			L4 56-62	4
	LSDP and/or Accrued annuity to p b/e	Enter amount of B/E paid by each payee.	L5 63-69	5
			L6 70-76	6

(77-80) Q 1 2 2

SECTION II – Complete one name and address block for each payee.

(1-12) RRB Claim No. (Enter prefix in (3)): X L D 2 3 4 2 2 6 2 6 3

NAME AND ADDRESS

(13-32) PAULINE E COWGILL

(33-52) ERT 2 BX 109F

(53-72) KEYSER WV 26726

APPLICATION NO. 74-76	77	PAYEE SYMBOL NO. 78	79	ADDRESS CONTINUED? 1-YES 2-NO 80
601	2	1	1	2

(1-12) DUPLICATE FROM ABOVE

ADDRESS CONTINUATION

(13-32)

(33-52)

77	PAYEE SYMBOL NO. 78	79	80
2		2	2

NAME AND ADDRESS

(1-12) DUPLICATE FROM ABOVE

(13-32)

(33-52)

(53-72)

APPLICATION NO. 74-76	77	PAYEE SYMBOL NO. 78	79	ADDRESS CONTINUED? 1-YES 2-NO 80
	2		1	

DUPLICATE FROM ABOVE

ADDRESS CONTINUATION

(13-32)

(33-52)

77	PAYEE SYMBOL NO. 78	79	80
2		2	2

Examiner R. Skiva — **Date** 5-9-79

Authorizer Wach — **Date** 5-11-79

G-359b (2-71)

RRB FORM G-364a(4-69)

SURVIVOR BENEFIT
DETERMINATION OF AWARD
OR
PRINTOUT RECORD

ADMIN. VOUCHER: 05-16-79 443

TYPE OF CERTIFICATION: FINAL

CLAIM NUMBER: LD-234-22-6263

DECEASED EMPLOYEE: BELMONT L COWGILL

EMPLOYEE SSA NO.: 234-22-6263

DECEASED EMPLOYEE INFORMATION

DATE OF BIRTH	DATE OF DEATH	MARITAL STATUS AT DEATH	MILITARY SERVICE
09-18	12-78	MALE-MARRIED	NOT USED

ANNUITY RATE DATA

AMC	INCREMENT YEARS	BASIC AMOUNT	AMW	PIA	RATE USED	SPOUSE MIN.
$		$	$	$		$

BENEFICIARY INFORMATION

SYMBOL	NAME	DOB	FILING DATE	SS ACCOUNT NO.	SSA CLAIM NO.

RRA FORMULA

SYMBOL	BASIC RATE	TABLE OR MIN. INC.	RED. FOR SS ENT.	RED. FOR AGE	ADJ. ANN.
	$	$	$	$	$

SSA FORMULA

ORIGINAL BENEFIT	OTHER BENEFITS	ADJUSTED BENEFIT	O/M RATE
$	$	$	$

PAYMENT SUMMARY

	SYM	MO. RATE	FROM	TO	NO. MOS.	AMOUNT
ACCD PAY		$				$
PREV PAY		$				$
SMIB PREM		$				$

HI JURIS.	HIB ENT. DATE	SMIB ELECTION	SMIB ENT. DATE

PAYMENT DATA AND AMOUNTS PAID

LAST PREV. MO. RATE	$
MONTHLY RATE	$
SMIB PREMIUM	$
MO. RATE PAID	$
NET AMOUNT PAID	$

LUMP-SUM INFORMATION

TYPE OF PAYMENT: LSDP

INSURED STATUS: COMP. INS. RRA

WIA AT 60: YES

WIDOW'S DOB: 04-25-20

INSURED ON WAGES ALONE:

BASIC AMOUNT: $ 102.82

GROSS RESIDUAL: $

TOTAL REIMB. BURIAL EXP.: $

DEDUCT. FOR OTHER BEN.: $

LSDP OR AMT. PAYABLE: $ 1028.20

NET RESIDUAL PAYABLE: $

SYMBOL	FILING DATE	BURIAL EXP. PAID	NET AMOUNT PAID
L 1	12-14-78	$	$ 1028.20

TOTAL PAID THIS CERTIFICATION: $

EXAM. NO.	AUTH. NO.	DATE
206	455	05-14-79

NAMES AND ADDRESSES

PAYEE CODE OR SYMBOL / REP. PAYEE	SYMBOL	SYMBOL	SYMBOL	SYMBOL	SYMBOL
L1 PAULINE E COWGILL RT 2 BX 109F KEYSER WV 26726 -					

REMARKS

CODE PARAGRAPHS 500.2 519B
ENCLOSURES G-475 RB-7

RAILROAD RETIREMENT BOARD - - INTEROFFICE COMMUNICATION G-111x

SPEED MEMO

TO: BRC-SM 6

FROM: ALTOONA PA D/O

SUBJECT: Pauline E. Cowgill D-234-22-6263

MESSAGE	YOUR REPLY
DATE 05-25-79	DATE 6/4/79
AA-21 was submitted 12-18-78. To this date widow has heard nothing. Please advise us of status ASAP. Thanks.	Claim for LSP was re-authorized on 5-16-79 check # 102820 should have reached by now
SIGNED: B.J. Bettwy clk	SIGNED:

RRB FORM G-659a (9-66)

CHECK LIST FOR SURVIVOR APPLICATIONS

1. TO D/O:	2. DATE	3. RRB CLAIM NO.
		D-

4. NAME OF DECEASED EMPLOYEE	5. SSA NO.
Belmont L. Cowgill	234-22-6263

6. EMPLOYEE DIED: COMPLETELY (FULLY) INSURED ☐ RRB ☐ SSA ☐ NEITHER	7. DOD	8. LAST RAILROAD EMPLOYER	9. ☐ WIA BEING PAID AT MA RATE	10. CHECK OUTSTANDING DATED:

11. D/O	12. DATE	13. ☐ FAST PAY CASE
Altoona, Pa.	05-02-80	☐ HQ SELECTED ☐ FIELD SELECTED ADVANCE NOTICE SENT ☐ FIELD SELECTED NO ADVANCE NOTICE

14. NAME, ADDRESS, AND TELEPHONE NUMBER OF SURVIVOR(S) OR APPLICANT(S)	DATE OF BIRTH	RELATIONSHIP OR TITLE	APPLICATION RECEIVED REQ.	PERSON	MAIL	EMP.	FORM NUMBER
Pauline E. Cowgill RR 2 BX 109F Keyser, WV 26726 ph: 304- 726-4336	04-25-20	widow		x			AA-17

15. REQUIRED FORMS AND DOCUMENTS		ATT.	PREV. SUB.	TO BE SUB.
x	POD (12-3-78)		x	
x	POM DOM:		x	
x	POA AND/OR POR OF: widow	x		
x	G-476a	x		
	RL-94-F			
	RL-113			
	POM/S			
	PO PAYMENT B/E:			
	PO PAYMENT LI/E:			
	PO APPT. LEGAL REP.			
	DEPEND. STATEMENT OF PARENT OR G-467			

16. REMARKS

17. FOR HEADQUARTERS USE ONLY

☐ G-73a and att. released on (date)
☐ G-90 ☐ G-88a ☐ G-438 ☐ OA-C794 ☐ RR-90
☐

☐ G-73a not released

1A YEAR	B COMP SERV MOS	C WAGE QC MOS EMP PATTERN	D QC WAGE & COMP	E WAGE SE	F WAGE AG	G QC M/S COMP	H WAGE M/S PATTERN	I WAGES AND/OR TIER I COMPENSATION	J (A)TIER II COMP (B)TIER I COMP & WAGES
1937 THRU 1950									
3600 51 3600									
52									
53									
3600 54 3900									
4200 55 4200									
56									
57									
58									
4800 59 4550									
4800 60 4800									
61									
62									
4800 63 4900									
4800 64 5400									
65									
6600 66 6600									
67									
7800 68 7800									
69									
70									
71									
9000 72 9000									
10800 73 10800									
13200 74 13200									
14100 75 14100									
15300 76 15300									
16500 77 16500									
17700 78 17700									
22900 79 18900									
25900 80 20400									
81									

2. REQUEST DATA

539 5/22

A CLAIM NUMBER	B ACCOUNT NUMBER	C NAME	D SEX	E TYPE ANN	F DF ONSET	G PRIOR SVC. MOS AVERAGE	H DATE INTO SYSTEM	I MBR E/M	J TYPE REQUEST
D234226263	235 74 1604	COWGIL PE	U				05-23-80	X	AUX WID

K BIRTH DATE MO. DAY YR.	L DOD MO. YR.	M APPL. DATE Q. YR.	N ANN.BEGIN DATE MO. DAY YR	O COMP. ALLOC.	P M/S AFTER 1936 FROM TO CR.	Q C/C IND.	R	S REQ. UNIT	T REQ. BUR.
04 25 20				1 2			G-60 REQUEST	SM	

3. DPA MASTER RECORD DATA

A NAME	B ACCOUNT NO.	C CLAIM NO.	D DOB MO. YR.	E PAYROLL ID	F EMPLOYER NOS	G P/S MOS	H DATE PRINTED
	NO MSTR RCD						06 03 80

I LYS ICC YR.	J DEATH YR. SRCE.	K INACT INCORR IND	L EARMARKINGS SS	RSI	GF	DF	UI 87	C/C	M SSA TRANSF. OR INQUIRY	N	O DATA RECD. MO DAY SS REPLY REENTRY
											06 03

4. SSA WAGE TAPE DATA

A PEND IND	B NAME	C DOB MO. YR	D SEX	E BEN. STATUS	F DIS. FRZ	G MULT A/N	H WAGES TO DATE	I
	COWGIL	04 20	F		-		NONE	

5. SSA MASTER BENEFIT (MBR) DATA

A NAME	B BIRTH DATE MO. DAY YR. VER.	C SEX	D RR CRED.	E BIC	F LAF CODE	G CURRENT PIA	H SPEC. MIN.	I SSA REG. PIA	J DRC	K TERM DATE MO. YR.	L SMIB PREMIUM
		U									

M BENEFIT DATA

MO. YR.	MO. RATE	MO. YR.	MO. RATE	FAM. RATE

N	O PART RATE	P SS BEN DOE MO. YR.	Q BENEFICIARIES A	B	C	D	E	F	OTHER	R M/S CODE	S HIB EFF MO. YR.	T SMIB EFF MO. YR.

U NO MBR ON FILE

6. COMPUTATIONS

A SUBS. SVC. COMPENSATION DATA	SM	COMPENSATION
TOTAL THRU DLW		
CREDITABLE M/S		
TTD WITH M/S		
37-46 COMP.		
GROSS RESIDUAL		
GROSS RESIDUAL WITH M/S		
1959 GROSS AMT		
EXCESS TAX		

B COMPUTATIONS (PRIOR & SUB. SVC.)	SM	COMPENSATION	AMC	#	OPT AMC
PRE 1975				1	
WITH M/S					
POST 1974				2	
WITH M/S					
1976 MAX				3	
WITH M/S					
1980 MAX				4	
WITH M/S					
THRU RR DLW				5	
WITH M/S					

C BASIC AMT. I/YRS. (1) FOR W/F AMR AMT. (2) FOR LSDP AMR AMT.

D FAMC

7. PIA DETERMINATIONS 06-03-80

A PIA'S

ID	AMW	AMT.	YOC	SPEC.MIN.	AMW	AMT.	YOC	SPEC.MIN.
21	9999							
3								
4								
5								
6								
7								
8								
9								
10								
11								
RECOMP-EFFECTIVE								
1								
3								
9								

B QTRS. OF COVERAGE
REQUIRED 31
M/S AS:
ACQUIRED
THRU 19 74
WAGES ONLY
TO DATE
WAGES & POST 74 COMP.
TO DATE
QTR I/S
ACQUIRED -

C PIA 2 FOR TIER 1 WD

M/S COMP.	M/S WAGE
RECOMP.	RECOMP.

8. REMARKS:

5306

CERTIFICATION OF SERVICE AND COMPENSATION - BASIC AMOUNT, AMC AND PIA DETERMINATIONS

RRB FORM G-90 (2-80)

TRIC REQUEST FOR WAGE AND MBR INFORMATION

070

USE THESE NUMERIC CODES FOR ITEMS 10, 11, 32, 33, 43 AND 44:

A-01	C-03	E-05	G-07	I-09	K-11	M-13	O-15	Q-17	S-19	U-21	W-23	Y-25
B-02	D-04	F-06	H-08	J-10	L-12	N-14	P-16	R-18	T-20	V-22	X-24	Z-26

M/S CODES
0 - NONE CLAIMED
1 - CLAIMED AND VERIFIED
2 - TWO PERIODS OF M/S
3 - MORE THAN TWO PERIODS OF M/S

PART I IDENTIFICATION

1. CLAIM NO. (PREFIX CODES: A-1, D-4, H-8) — PRE | SSA | CLAIM NUMBER: 4 234 22 6263

2. UNIT CODE: 03 (01-RM, 03-SM, 04-CCR, 05-OPR, 06-HIO, 07-DB, 13-BCS, 16-RXR, 17-RXS)

3. RASI RESPONSE (1-YES 2-NO): 2

4. SS A/N OF RR EE (ONLY ENTER "X" IF A/N IS SAME AS ITEM 1.): X

5. X — ENTER "X" IF NOT COMPLETING PART II

*PART II REQUEST CODES — EMPLOYEE
01 - SER AND MBR ON OWN A/N
04 - MBR ON ANY A/N
13 - RECOMP PIA
90 - SEE RCM 9.1
91 - SEE RCM 9.1

PART II EMPLOYEE REQUEST

6. PAYMENT INDICATION (1-ACTIVE 2-SUSP. 3-TERM. 4-DENIAL):
7. TYPE OF REQUEST*:
8. DATE OF BIRTH (MO DAY YR):
9. SEX (1 - MALE 2 - FEMALE):
10. SURNAME (FIRST 6 LETTERS) — USE NUMERIC CODES:
11. INITIALS (USE NUMERIC CODES) (FIRST MIDDLE):
12. EMPLOYEE'S DF ONSET DATE (MO DAY YR):
13. EMPLOYEE'S ABD (MO DAY YR):
14. CURRENT CONNECTION (3 - ON 12-31-74, 4 - ON ABD):
15. DLW (RR) (MO DAY YR):
16. DLW (LPS) (MO DAY YR):
17. LAG CODE (1 - NO LAG COMP, 2 - LAG-CURRENT YEAR, 3 - LAG-CURRENT AND PRIOR YRS.):
18. TIER 1 LAG DATA — CURRENT YEAR (YEAR $M COMPENSATION); PRIOR YEAR (YEAR $M COMPENSATION):
19. TIER 2 LAG DATA — CURRENT YEAR (COMPENSATION); PRIOR YEAR (COMPENSATION):
20. EE. ANN. CODE (74 ACT / 37 ACT: FULL 1/6, RED. 2/7, DISAB. 3/8, 60/30-DF 4/9):
21. M/S CODE (SEE ABOVE):
22. M/S BEG. DATE (FIRST PERIOD) (MO YR):
23. M/S END. DATE (FIRST PERIOD) (MO YR):
24. FORCE CODE: X
25. M/S BEG. DATE (SECOND PERIOD) (MO YR):
26. M/S END. DATE (SECOND PERIOD) (MO YR):
27. VERIFIED PRIOR SERVICE MONTHS:
28. PRIOR SERVICE AVERAGE:

29. X — ENTER "X" IF NOT COMPLETING PART III

**PARTS III & IV REQUEST CODES
SPOUSE: 05-SER AND MBR ON OWN A/N; 03-MBR ON EE'S A/N; 04-MBR ON ANY A/N; 90-SEE RCM 9.1; 91-SEE RCM 9.1
WIDOW: 06-SER AND MBR ON OWN A/N; 04-MBR ON ANY A/N; 90-SEE RCM 9.1; 91-SEE RCM 9.1
OTHER: 09-MBR ON ANOTHER A/N; 12-SER AND MBR ON OWN A/N; 90-SEE RCM 9.1; 91-SEE RCM 9.1

PART III FIRST AUX REQUEST

30. PAYMENT INDICATION (1-ACTIVE 2-SUSP. 3-TERM. 4-DENIAL): 1
31. TYPE OF REQUEST**: 06
32. SEARCH A/N (ONLY ENTER "X" IF SAME AS ITEM 4): X 357416094
33. SURNAME (FIRST 6 LETTERS) — USE NUMERIC CODES (ONLY ENTER "X" IF SAME AS ITEM 10): X 315230709 12
34. INITIALS (USE NUMERIC CODES) (FIRST MIDDLE): 16 05
35. DATE OF BIRTH (MO DAY YR): 04 25 20
36. SEX (1 - MALE 2 - FEMALE): 2
37. RRB STATUS (0-EE 1-SP):
38. YEAR INSURED STATUS REQUIRED:
39. FORCE CODE: X

40. X — ENTER "X" IF NOT COMPLETING PART IV

PART IV SECOND AUX REQUEST

41. PAYMENT INDICATION (1-ACTIVE 2-SUSP. 3-TERM. 4-DENIAL):
42. TYPE OF REQUEST**:
43. SEARCH A/N (ONLY ENTER "X" IF SAME AS ITEM 4): X
44. SURNAME (FIRST 6 LETTERS) — USE NUMERIC CODES (ONLY ENTER "X" IF SAME AS ITEM 10): X
45. INITIALS (USE NUMERIC CODES) (FIRST MIDDLE):
46. DATE OF BIRTH (MO DAY YR):
47. SEX (1 - MALE 2 - FEMALE):
48. RRB STATUS (0-EE 1-SP):
49. YEAR INSURED STATUS REQURIED:
50. FORCE CODE: X

PREPARED BY: Etkelly

DATE: 5-12-80

RRB FORM G-91 (1-77)

DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED

1 FILE NAME OF EMPLOYEE: Belmont L. Cowgill

2 SSA NO.: 234-22-6263 | 3 SORT CODE: 3 | 4 RRB CLAIM NO.:

5 DOCUMENTS ESTABLISH: *("X" applicable boxes)*

TYPE CODE (COLS. 12-14): 900

	CODE	COLS.
AGE OF EMPLOYEE		0 23
AGE OF SPOUSE OR WIDOW(ER)	X	1 24
AGE/RELATIONSHIP OF CHILD		2 25
AGE OF PARENT		3 26
MARRIAGE		4 27
RELATIONSHIP		5 28
MILITARY SERVICE		6 29
DEATH		7 30

A. BIRTH, RELATIONSHIP, MARRIAGE, AND NAME RECONCILIATION

6 EMPLOYEE — AFFIDAVITS REQUIRED ☐
- (A) NAME
- (B) DATE OF BIRTH (31 MO. DAY YR. 36)
- (C) AGE
- (D) DATE RECORD MADE
- (E) WEIGHT OF RECORD (37 38)

7 SPOUSE OR WIDOW(ER) — AFFIDAVITS REQUIRED ☐
- (A) NAME: Pauline Etna Moreland
- (B) DATE OF BIRTH (44 MO. DAY YR. 49): 04 25 20
- (C) AGE
- (D) DATE RECORD MADE: 12-31-20
- (E) WEIGHT OF RECORD (50 51): 54

8 CHILD, PARENT, OR OTHER — AFFIDAVITS REQUIRED ☐
- (A) NAME
- (B) DATE OF BIRTH (52 MO. DAY YR. 57)
- (C) AGE
- (D) DATE RECORD MADE
- (E) WEIGHT OF RECORD (58 59)

9 NAMES OF PARENTS
- (A) FATHER'S NAME
- (B) MOTHER'S MAIDEN NAME

10 MARRIAGE — AFFIDAVITS REQUIRED ☐
- (A) PLACE OF MARRIAGE (CITY AND STATE)
- (B) DATE OF MARRIAGE (60 MO. DAY YR. 65)
- (C) HUSBAND'S NAME
- (D) WIFE'S NAME

B. MILITARY SERVICE

11 NAME AND RANK | 12 BRANCH | 13 SERIAL NO.

14 DATE ENLISTED OR INDUCTED | 15 DATE ENTERED ACTIVE DUTY (66 MO. DAY YR. 71) | 16 DATE DISCHARGED OR RELEASED FROM ACTIVE DUTY, IF EARLIER (72 MO. DAY YR. 77)

17 IF MULTIPLE PERIODS OF SERVICE, ENTER "X" (78)

18 MEANS OF ENTRY INTO SERVICE (79)
① ☐ CALLED FROM INACTIVE DUTY ② ☐ RE-ENLISTED
③ ☐ INDUCTED ④ ☐ ENLISTED ⑤ ☐ COMMISSIONED

19 TYPE OF DISCHARGE (80)
① ☐ NOT DISHONORABLE
② ☐ DISHONORABLE

C. TYPE AND AGE VALUES OF DOCUMENTS

20 TYPE OF DOCUMENT *("X" applicable box)*	VALUE	TYPE OF DOCUMENT *("X" applicable box)*	VALUE
☒ Civil Birth Record ☐ Church Birth/Baptism Record ☐ Birth Registration Notice ☐ Hospital Birth Record	30	☐ School Record ☐ Vaccination Record ☐ Insurance Record	15
☐ Physician or Midwife Record ☐ Bible or other Family Record	25	☐ Labor Union or Fraternal Record ☐ Employer's Record	10
☐ Naturalization Record ☐ Military Record ☐ Immigration Record ☐ Passport ☐ Census or Draft	20	☐ Other Records Not Classified Above *(Specify)*	5

21 AGE OF DOCUMENT *("X" applicable box)* — RECORDED-YEARS AFTER BIRTH	VALUE
☒ Record made within 1 year	24
☐ Record made 1 through 10 years	21
☐ Record made 11 through 20 years	18
☐ Record made 21 through 30 years	15
☐ Record made 31 through 40 years	12
☐ Record made 41 through 50 years	9
☐ Record made 51 through 60 years	6
☐ Record made 61 through 70 years	3

D. DEATH

22 NAME OF DECEASED AS SHOWN ON EVIDENCE	23 DATE OF DEATH

24 PLACE OF DEATH (CITY AND STATE)	25 KIND OF DOCUMENT
	☐ DEATH CERTIFICATE

E. INSTRUCTIONS FOR COMPLETING THIS FORM:

26 *Complete all items applicable to the proofs being established. The date of birth and the date of the document must always be completed for each proof of age. If only the age is shown on the document, enter the age and the date of birth established by the document. If the date of the document is <u>not</u> shown, enter the last day of the year estimated to be the date the record was recorded. Also, compute the weight of the document by adding the type value (Item 20) to the age value (Item 21) and enter the total weight value in Items 6(e), 7(e) or 8(e), depending on whose birth date is being established. If multiple documents are being transcribed for two or three persons, show a symbol after the type and the age of the document as follows:*

APPLICANT	SYMBOL	APPLICANT	SYMBOL
EMPLOYEE	E	WIDOW (WIDOWER)	W
SPOUSE	S	CHILD	C

In a delayed birth registration the weight and date of record should be based on the oldest acceptable evidence used to obtain the delayed birth registration. See the Field Operating Manual or the Retirement Claims Manual for evaluation of proofs.

F. REMARKS AND CERTIFICATION

27 REMARKS:

28 I certify that the data shown on this form was transcribed from document(s) acceptable to the Board.

UNIT OR FIELD OFFICE	SIGNATURE & TITLE OF TRANSCRIBER	DATE
243 - Altoona, Pa.	Pauline F Luckatto, Contact Rep.	05-02-80
	SIGNATURE & TITLE OF REVIEWER	
	Neil A Klatt QIR	

G-91 (1-77)

FORM G-476a (1-80)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

NAME OF EMPLOYEE	RRB CLAIM NO.
Belmont L. Cowgill	D-234-22-6263
NAME OF APPLICANT	**EMPLOYEE'S SS ACCOUNT NO.**
Pauline E Cowgill	234-22-6263
DISTRICT OFFICE ADDRESS	
615 Howard Av Altoona, PA	

Section 7(b) (6) of the Railroad Retirement Act of 1974 (45 U.S.C. 231f) authorizes the U.S. Railroad Retirement Board to gather information and records necessary to assure proper administration of the Act.

CERTIFICATION BY APPLICANT FOR INSURANCE ANNUITY

I have a booklet (G-476) which tells how work and certain events affect a survivor annuity. The contents have been explained to me.

I understand that I must immediately tell the Board:

- If I work for any employer in the railroad industry, or
- If, in any year in which I am under age 72, I work for a non-railroad employer or I am self-employed and I earn more than the ANNUAL EARNINGS EXEMPT AMOUNT for such year, or
- If I am a widow(er) age 50-64 or a child age 18 or older receiving an annuity based on disability, and I work for ANY employer, or
- If any person for whom I am receiving an annuity works or has earnings as shown above, or
- If I marry, or
- If any other event occurs that may affect my annuity or any annuity I am receiving for someone else.

I also understand that:

- THE 1980 ANNUAL EARNINGS EXEMPT AMOUNT IS $3720, OR IS $5000 IF I WAS BORN BEFORE JANUARY 2, 1916.
- THE 1979 ANNUAL EARNINGS EXEMPT AMOUNT WAS $3480, OR WAS $4500 IF I WAS BORN BEFORE JANUARY 2, 1915.
- THE 1980 MONTHLY EARNINGS EXEMPT AMOUNT IS $310, OR IS $417 IF I WAS BORN BEFORE JANUARY 2, 1916.
- THE 1979 MONTHLY EARNINGS EXEMPT AMOUNT WAS $290, OR WAS $375 IF I WAS BORN BEFORE JANUARY 2, 1915.

Pauline E. Cowgill
(Signature of Applicant)

This form was signed by the applicant,
in my presence, on 05-01-80
(Month) (Day) (Year)

at Cumberland MD
(City) (State)

Pauline F Funchetta
(Signature of Board Representative)

FORM APPROVED
O.M.B. NO. 70-R0143

FORM AA-17
(11-77)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

APPLICATION FOR WIDOW'S OR WIDOWER'S INSURANCE ANNUITY

RRB Claim No. . . . . PREF

Deceased employee's SSA No. 234 22 6263

Field Office No. 243

CODED 10/

BY DATE 5-12-80

Officially Filed . . . MO. 05 DAY 01 YR. 80

BY Pauline T. Turchetta

The information asked for in this application is needed to determine your entitlement to benefits under the Railroad Retirement Act and the correct amount of such benefits. No benefits may be paid unless a completed application form is received (45 U.S.C. 231a).

1 PRINT DECEASED EMPLOYEE'S NAME (FIRST, MIDDLE INITIAL, LAST): BELMONT L COWGILL

2 PRINT APPLICANT'S NAME (FIRST, MIDDLE INITIAL, LAST): PAULINE E COWGILL

3 ADDRESS: RR 2 BX 109F
KEYSER WV 26726

4 COUNTY: Mineral

5 TELEPHONE NO.: 726-4336

6 Employee's date of birth . . . . . MO. 09 DAY 14 YR. 18

7 Employee's date of death . . . . . MO. 12 DAY 03 YR. 78

SKIP QUESTIONS 8-14 AND GO ON TO QUESTION 15 IF YOU HAVE PREVIOUSLY FILED FOR DEATH BENEFITS FROM THE RAILROAD RETIREMENT BOARD ON THIS CLAIM NUMBER.

8 Was the employee unable to work because of a disabling condition at the time of death? . . . . . YES ☐ NO ☒

If "Yes," enter the date the disability began . . . . . MO. DAY YR.

9 (a) Was the employee in active military service after September 7, 1939? . . . . . YES ☐ NO ☐
If "Yes," complete (b):
(b) Give branch of service and the inclusive dates of each period of military service:

BRANCH OF SERVICE	BEGAN MO.	BEGAN DAY	BEGAN YR.	ENDED MO.	ENDED DAY	ENDED YR.

10 List all work for hire performed by the employee during the last 3 years of employment:

NAME AND ADDRESS OF EMPLOYER	BEGAN MO.	BEGAN YR.	ENDED MO.	ENDED YR.

11 Was the employee self-employed at any time within the two year period prior to death? . . . . . YES ☐ NO ☐

If "Yes," complete below:

CHECK THE YEAR OR YEARS IN WHICH THE EMPLOYEE WAS SELF-EMPLOYED	IN WHAT KINDS OF TRADE OR BUSINESS WAS THE EMPLOYEE SELF-EMPLOYED?	EMPLOYEE'S NET EARNINGS FROM TRADE OR BUSINESS (CHECK ONE)	
		LESS THAN $400	$400 OR OVER
☐ THIS YEAR			
☐ LAST YEAR			
☐ YEAR BEFORE LAST			

12 Give the following information about each marriage of the employee including the marriage in effect when the employee died:

MARRIAGE		TO WHOM MARRIED	MARRIAGE ENDED		
DATE	PLACE		HOW (CHECK ONE)	DATE	PLACE
			DEATH ☐ DIVORCE ☐ ANNULMENT ☐		
			DEATH ☐ DIVORCE ☐ ANNULMENT ☐		
			DEATH ☐ DIVORCE ☐ ANNULMENT ☐		

13 (a) Were you and the employee living together at the same address when the employee died? . . . YES ☐ NO ☐

If "No," complete (b) and (c):

(b) Give:

DATE SEPARATION BEGAN	REASON FOR SEPARATION

(c) Was the employee contributing to your support or required to do so when he (she) died? . . . . YES ☐ NO ☐

14 If you are the employee's widow, give your maiden name:

15 (a) Was your marriage to the employee performed by a clergyman or authorized public official? . . . . . YES ☒ NO ☐

If "No," explain: _____

(b) Have you ever been married to anyone other than the employee? . . . . . YES ☐ NO ☒

If "Yes," give the following information about each of your other marriages:

MARRIAGE		TO WHOM MARRIED AND SSA NUMBER*		MARRIAGE ENDED		
DATE	PLACE			HOW (CHECK ONE)	DATE	PLACE
		NAME		DEATH ☐ DIVORCE ☐ ANNULMENT ☐		
		SSA NO.				
		NAME		DEATH ☐ DIVORCE ☐ ANNULMENT ☐		
		SSA NO.				
		NAME		DEATH ☐ DIVORCE ☐ ANNULMENT ☐		
		SSA NO.				

*If SSA No. is unknown, give former spouse's:
Date and place of birth: _____

Father's name: _____

Mother's maiden name: _____

16 Have you remarried since the death of the employee? . . . . . YES ☐ NO ☒

If "Yes," give date of marriage . . . . . MO. ☐☐ DAY ☐☐ YEAR ☐☐

17 Was the employee survived by any children, including adopted children, stepchildren, or dependent grandchildren, who are now, or were within the last 12 months (but not before the month of the employee's death), unmarried and:

(a) Under age 18; or,
(b) Age 18 to 23 and attending school full-time; or,
(c) Age 18 or older who became permanently disabled before age 22. . . . . YES ☐ NO ☒

If "Yes," complete the following:

NAME AND ADDRESS OF CHILD	DATE OF BIRTH MO. DAY YR.	IF CHILD IS AGE 18 OR OLDER, CHECK APPROPRIATE BOX
		☐ FULL-TIME STUDENT ☐ BECAME DISABLED BEFORE 22
		☐ FULL-TIME STUDENT ☐ BECAME DISABLED BEFORE 22
		☐ FULL-TIME STUDENT ☐ BECAME DISABLED BEFORE 22

18 Your date of birth . . . . . MO. 04 DAY 25 YR. 20

19 If you are now, or were in the month of the employee's death, age 50-63, are you permanently disabled for all regular employment? . . . . . YES ☐ NO ☒
If "Yes", also complete Form AA-17b.

20 Enter your social security number. 235 74 1604

21 (a) Have you filed an application for benefits under the Social Security Act? . . . . . YES ☐ NO ☒

(b) If you have filed or expect to file and your claim for social security benefits is based on the earnings record of someone other than yourself or the deceased employee, give that person's name: and SSA No.

(c) If you have been awarded monthly benefits under the Social Security Act, give:

KIND OF BENEFIT (RIB, DIB, ETC.)	BEGINNING DATE OF BENEFIT	PRESENT RATE OF BENEFIT
		$

22 Have you received, or do you expect to receive, monthly benefits under the Railroad Retirement Act based on the employment of someone other than the deceased employee? . . . . . YES ☐ NO ☒

If "Yes," complete the following:

NAME OF PERSON ON WHOSE RECORD THE CLAIM IS BASED	RRB CLAIM NO.

23 Have you ever worked in the railroad industry? . . . . . YES ☐ NO ☒
If "Yes," complete (a), (b), (c), and (d):

(a) Give:

NAME OF LAST RAILROAD EMPLOYER	DATE LAST WORKED FOR THIS EMPLOYER: MO. DAY YR.

(b) Have you worked in the railroad industry for 120 months or more? . . . . . YES ☐ NO ☐

(c) Place an "X" in each month during which you have worked, or expect to work, this year for an employer in the railroad industry:

JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

(d) If you are filing for benefits beginning before January of this year, place an "X" in each month during which you worked last year for an employer in the railroad industry:

JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

THE ANNUAL AND MONTHLY EARNINGS EXEMPT AMOUNTS FOR ITEMS 24-25 ARE SHOWN ON CERTIFICATION FORM G-476a.

COMPLETE ITEM 24 IF YOU ARE AGE 60 OR OLDER AND YOUR ANNUITY COULD BEGIN BEFORE JANUARY 1ST OF THIS YEAR.

24 (a) Did your TOTAL earnings from ALL employment for LAST year exceed the ANNUAL EARNINGS EXEMPT AMOUNT? N/A YES ☐ NO ☐
If "No," skip to item 25.

(b) How much were your TOTAL earnings LAST year? (Dollars only) $

(c) Did you earn more than the MONTHLY EARNINGS EXEMPT AMOUNT in employment for hire or perform substantial services in self-employment in each month of LAST year? YES ☐ NO ☐
If "No," answer (d).

(d) Place an "X" for each month of LAST year in which you did NOT earn more than the monthly earnings exempt amount in employment for hire and you did NOT perform substantial services in self-employment:

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

COMPLETE ITEM 25 IF YOU ARE AGE 60 OR OLDER, OR WILL BECOME AGE 60 THIS YEAR.

25 (a) For THIS entire year, do you expect that your TOTAL earnings from ALL employment will exceed the ANNUAL EARNINGS EXEMPT AMOUNT? . . . . . YES ☐ NO ☒
If "No," skip to item 26.

(b) How much do you expect your TOTAL earnings to be THIS year? (Dollars only) $ ☐☐☐☐☐

(c) Did you, or do you expect to, earn more than the MONTHLY EARNINGS EXEMPT AMOUNT in employment for hire or perform substantial services in self-employment in each month of THIS year? . . . . . YES ☐ NO ☐
If "No," answer (d).

(d) Place an "X" for each month of THIS year in which you did NOT, or do not expect to, earn more than the MONTHLY EARNINGS EXEMPT AMOUNT in employment for hire and did not, or do not expect to, perform substantial services in self-employment:

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

26 I am applying for an annuity to begin:
(a) On the earliest date permitted by law. (Indicate by "X" in this box:). . . . . ☒
(b) Later than the earliest beginning date permitted. Give date . . . . . MO. ☐☐ DAY ☐☐ YR. ☐☐

27 If you are under age 65 on your annuity beginning date, your annuity will be reduced for early retirement. Are you applying for a reduced annuity? . . . . . YES ☒ NO ☐

MEDICARE

COMPLETE ITEM 28 IF YOU ARE NOT ENROLLED IN THE SUPPLEMENTARY MEDICAL INSURANCE PLAN AT RRB

28 If you are 64 years and 5 months of age or older, you should indicate whether or not you wish to enroll in the Supplementary Medical Insurance plan.
DO YOU WISH TO ENROLL IN THE SUPPLEMENTARY MEDICAL INSURANCE PLAN? N/A . . . . YES ☐ NO ☐
If you are under 64 years and 5 months of age, you will be automatically enrolled for Supplementary Medical Insurance during the first period in which you are eligible unless you indicate, at that time, that you do not wish to be enrolled.

IF YOU ARE AGE 62 OR OLDER, DISABLED, OR OTHERWISE ELIGIBLE FOR BENEFITS UNDER TITLE II OF THE SOCIAL SECURITY ACT, BUT HAVE NOT FILED AN APPLICATION FOR SUCH BENEFITS, COMPLETE ITEM 29.

29 If you are eligible but have not filed an application for benefits under Title II of the Social Security Act, your railroad retirement application will be used to protect your filing date for social security benefits, unless you indicate otherwise.

Do you want this application used for a railroad retirement annuity only? ..... N/A ..... YES ☐ NO ☐

REMARKS:

AUTHORIZATION & CERTIFICATION: I AUTHORIZE THE RAILROAD RETIREMENT BOARD TO SECURE ANY INFORMATION FROM THE SOCIAL SECURITY ADMINISTRATION WHICH IS REQUIRED TO DETERMINE MY ENTITLEMENT OR CONTINUING ENTITLEMENT TO BENEFITS UNDER THE RAILROAD RETIREMENT ACT. KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER FEDERAL LAW IS COMMITTING A CRIME PUNISHABLE UNDER THAT LAW, I CERTIFY THAT THE DATA I FURNISHED IS CORRECT.

SIGNATURE OF APPLICANT Pauline E Cawgill

NOTE: IF THIS FORM IS SIGNED BY MARK (X), TWO WITNESSES OR A BOARD REPRESENTATIVE MUST SIGN

1. NAME

2. NAME

AA-17 (11-77)

RRB FORM G-364d(5-78)

SURVIVOR BENEFIT DETERMINATION OF AWARD OR PRINTOUT RECORD

1. ADM. VOUCHER: 05-19-80 444
2. TYPE OF AWARD:
3. CLAIM NUMBER: WD 234-22-6263
4. DECEASED EMPLOYEE: BELMONT L COWGILL
5. EMPLOYEE'S SS NO.: 234-22-6263
6. TYPE OF CERTIFICATION: FINAL
7. EE'S DOB: 09-18
8. EE'S DOD: 12-78
9. SS BEN. RECEIPT:
10. EE'S MARITAL STATUS: MALE-MARRIED
11. WIDOW'S AGE REDUCTION: MOS. 36 AMT. $ 82.10
12. EE ANN. CLM. NO.: A
13. O/P SS CLM. NO.:
14. WIDOW'S PIA #21: $
15. BASIC AMT.: $

16. PAYMENT SUMMARY

ITEM	MO. RATE	FROM	THRU	MOS.	AMOUNT
a. ACCRUED PAYMENTS	$ 517.53	04-80	04-80	1	517.53
b. DEDUCTIONS	$				
c. SMIB DEDUCTIONS	$				

d. RECOVERY OF FUNDS	SSA DI	SSA OASI	SUP	RR-OP
	$			

e. SMIB CODE: EFF. DATE:

f. PAYEE CODE: 1 REP. PAYEE:

PAULINE E COWGILL
RR 2 BX 109F
KEYSER WV 26726

g.

LAST MO. RATE	$
MO. RATE	517.53
SMIB PREM.	
MO. CK. RATE	
NET AMT. PAID	517.53
BAL. CONTROL	

17. BENEFICIARY INFORMATION

SYM.	NAME	DOB	SS ACCT. NO.	SS CLM. NO. AND SUFFIX
W	WIDOW	04-25-20	235-74-1604	

18. SS PIA $:
19. AMW: 585
20. PIA #1 $ 480.20
21. SP. MIN. T2 WF ADJ. T2:
22. SSA MAX. $:
23. BOP CODE:
24. WF/EE ANN. '37 ACT RATE: $
25. SPEC. MIN PIA: YRS. 42 AMT. 252.80
26. ABD:
27. APPL. NO.:
28. EXAM NO.: 226
29. AUTH. NO.: 472

30. 1974 ACT SURVIVOR ANNUITY COMPUTATION

a. EFF. DATE	04-80
b. BEN.	WIDOW
c. ORIG. RATE	$480.20
d. FIRST ADJ. RATE	398.10
e. EE ANN. NET T1	
f. SS BEN.	
g. PUB PEN.	
h. NET T1	398.10
i. 30% OF d.	119.43
j. EE ANN. REST. AMT.	
k. ADD. T2 SP. MIN.	
l. NET T2	119.43
m. REG. WF	
n. ADD. WF SP. MIN.	
o. NET WF	
p. MO. ANN.	517.53
q. ACT. ADJ.	
r. MO. RATE	517.53

31. REMARKS

YR OF ELIG = PRE-1979

AMW PIA
CODE PARAGRAPHS 500.5 500 512 506.3

RRB FORM G-360a (8-79)

EDP SURVIVOR ANNUITY AWARD (CONTINUATION SHEET)

	RRB CLAIM NO. & PAGE NO.	(L4) 1-14	PRE	SSA	CLAIM NO.	PAGE
1				D	234 2262630	2

SECTION A - NAME AND ADDRESS (PARENT, CHILD OR WIDOW OTHER THAN MA TO WIA)

17-38	PAULINE E COWGILL
39-60	#RR 2 BX 109F
61-82	KEYSER WV 26726
83-104	
1-22	
23-43	

SECTION B - AWARD INFORMATION

2	PAYEE CODE	15	1
3	REP. PAYEE CODE	16	(END L5) (L6)
4	APPLICATION NO.	17-19	101
5	MEDICARE PARAGRAPH	20-23	
6	PARENT OR CHILD'S SS CLAIM NO.	24-32	
7	PARENT OR CHILD'S SS SUFFIX	33-35	
8	CHILD'S SS PIA/ 833 INSERT	36-40	

SECTION C - PARENT OR CHILD

9	SYMBOL	41-43	
10	GIVEN NAME	44-48	
11	DATE OF BIRTH	49-54	MO. DAY YR.
12	TWIN CODE	55	
13	SS ACCOUNT NO.	56-64	

SECTION D - CHILD

9	SYMBOL	65-67	
10	GIVEN NAME	68-72	
11	DATE OF BIRTH	73-78	MO. DAY YR.
12	TWIN CODE	79	
13	SS ACCOUNT NO.	80-88	

SECTION E - CHILD

9	SYMBOL	89-91	
10	GIVEN NAME	92-96	
11	DATE OF BIRTH	97-102	MO. DAY YR.
12	TWIN CODE	103	
13	SS ACCOUNT NO.	104-112	

SECTION F - CHILD

9	SYMBOL	113-115	
10	GIVEN NAME	116-120	(END L4)
11	DATE OF BIRTH (L5)	1-6	MO. DAY YR.
12	TWIN CODE	7	
13	SS ACCOUNT NO.	8-16	

SECTION G - CHILD

9	SYMBOL	44-46	
10	GIVEN NAME	47-51	
11	DATE OF BIRTH	52-57	MO. DAY YR.
12	TWIN CODE	58	
13	SS ACCOUNT NO.	59-67	

SECTION H - CHILD

9	SYMBOL	68-70	
10	GIVEN NAME	71-75	
11	DATE OF BIRTH	76-81	MO. DAY YR.
12	TWIN CODE	82	
13	SS ACCOUNT NO.	83-91	

SECTION I - CHILD

9	SYMBOL	92-94	
10	GIVEN NAME	95-99	
11	DATE OF BIRTH	100-105	MO. DAY YR.
12	TWIN CODE	106	
13	SS ACCOUNT NO.	107-115	

SECTION J - CHILD

9	SYMBOL	116-118	
10	GIVEN NAME	119-123	(END L6)
11	DATE OF BIRTH (L7)	1-6	MO. DAY YR.
12	TWIN CODE	7	
13	SS ACCOUNT NO.	8-16	

SECTION K - CHILD

9	SYMBOL	17-19	
10	GIVEN NAME	20-24	
11	DATE OF BIRTH	25-30	MO. DAY YR.
12	TWIN CODE	31	
13	SS ACCOUNT NO.	32-40 (END L7)	

RRB FORM G-360 (L-1)

| | | |

RRB FORM G-358(10-76)

NOTICE OF ANNUITY ADJUSTMENT

CLAIM NUMBER	PC	SY	RATE BEFORE SMIB OLD	RATE BEFORE SMIB NEW	SMI CD	TOTAL WK DED	TOTAL WK AMT
WD 234-22-6263	1	W	517.53	591.63			

ID	TIER 1 DATA PIA	TIER 1 DATA DRC	TIER 1 DATA GROSS	TIER 1 DATA NET	TIER 2 DATA	WINDFALL DATA
W	548.90		455.10	455.10	136.53	

ID	REDUCTION AMOUNTS AGE	REDUCTION AMOUNTS ACT ADJ	REDUCTION AMOUNTS MS	REDUCTION AMOUNTS WITHHOLD	WVR	ADJ CHECK DATE	ADJ CHECK AMOUNT
W	93.80	00.00		00.00		7-01-80	591.63

ID	NEW REG ANN RATE AFTER SMIB	SS BENEFIT DATA AMOUNT	SFX	PIA	PD BY RRB
W	591.63				

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PRINTED ON 10-24-80

RRB FORM G-358(10-76)

NOTICE OF ANNUITY ADJUSTMENT

CLAIM NUMBER	PC	SY	RATE BEFORE SMIB OLD	RATE BEFORE SMIB NEW	SMI CD	TOTAL WK DED AMT
WD 234-22-6263	1	W	591.63	657.93		

ID	TIER 1 DATA PIA	DRC	GROSS	NET	TIER 2 DATA	WINDFALL DATA
W	610.40		506.10	506.10	151.83	

ID	REDUCTION AMOUNTS AGE	ACT ADJ	MS	WITHHOLD	WVR	ADJ CHECK DATE	AMOUNT
W	104.30	00.00		00.00		7-01-81	657.93

ID	NEW REG ANN RATE AFTER SMIB	SS BENEFIT DATA AMOUNT	SFX	PIA	PD BY RRB
W	657.93				

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PRINTED ON 6-26-81

RRB FORM G-358 (6-82) SEQNO. 00143828

NOTICE OF ANNUITY ADJUSTMENT

CLAIM NUMBER	PC	SY	RATE BEFORE OLD	SMIB NEW	SMI CD	ADJ CK AMOUNT
WD 234 22 6263	1	W	657.93	698.47		698.47

EFF DATE	6-01-82					
SYMBOL	W					
PAYEE CODE	1					
PIA	655.50					
DRC						
ORIG/RED RTE	655.50					
FRST/ADJ RTE	543.40					
PP						
SS BENEFIT						
$ROUNDED	543.00					
EE ANN OFFSET						
NET TIER 1	543.00					
TIER 2	267.57					
RED AGE RTE	112.10					
REST AMT						
SPMIN/EQ AMT						
NET TIER 2	155.47					
WINDFALL						
WAC						
ACT ADJ						
WITHHOLDING AMT						
RR RATE	698.47					
SS BENEFIT DATA						
AMOUNT						
SUFFIX						
PIA						
PD BY RRB						

REMARKS

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RRB FORM G-358A (12-84)

NOTICE OF ANNUITY ADJUSTMENT

6-83, 12-83 AND 12-84 COL ADJUSTMENTS

ADJUSTMENT TITLE	(A) CLAIM NUMBER	(B) PC	(C) SYM	TIER I (D) GROSS AMOUNT / (E) NET TIER I	CODE	(F) ORC	(G) AGE RED / (H) MSRED/ PREV TIER I	CODE	TIER II (I) NET TIER II / (J) COMP 1	CODE	(K) COMP 2 / (L) COMP 3	(M) RRA MAX / (N) TIER II COL T/B	(O) AGE RED / (P) MS RED/ PREV TIER II	WINDFALL (Q) GROSS WINDFALL / (R) WAC/ TOT TIB AMT	(S) AGE RED / (T)	SS BEN (U) SSA PIA / (V) SSA AMOUNT
8-83 COL ADJ + ACCR (JUN)	WD 234-22-6263	1	W						157.18							
									157.18	E		1.71				
12-83 COL-T/B-M/S ADJ	WD 234-22-6263	1	W	678.40			562.30	B	138.18							
				562.00			543.00		157.18	E		19.00	157.18	27.15		
12-84 COL-T/B-TAX W/H ADJ	WD 234-22-6263	1	W	702.10			582.00	B	131.55							
				582.00			562.00		139.70	E		8.15	138.18	27.15	000.00	

RRB FORM G-811 (1-78)

MEDICARE INPUT (SHORT FORM)

PRINT LIKE THIS: 1234567890

081

1 SYM	M	W	WC	C	J	P	PREF	A	D	H	2 CLAIM NUMBER SSA
	X	X	X	X	X	X		X	X	X	234226605

3 ACTIVITY CODE	25	4 TYPE BENEFICIARY	03	5 DATE OF BIRTH	MONTH	DAY	YEAR
					04	25	2.

6 SEX CODE	2	7 PSEUDO NUMBER		8 EVENT CODE & DATE	CODE	MONTH	YEAR
					2	03	75

9 FORMER SSA OR RRB NUMBER		10 UNIT DESIGNATION	061
11 RESERVED		PREPARED BY	DATE
		[illegible]	2-21

3 ACTIVITY CODE

- 05 DROP RECORD
- 06 DROP RECORD & RIC
- 21 RESCREEN
- 22 UNIVERSAL RIC
- 23 WITHDRAWAL
- 24 WITHDRAWAL AFTER SBI
- 25 OPTION CHANGE
- 26 REVERSE TERM FOR NON-PAYMENT
- 27 GEP ENROLLMENT
- 30 TRANSFER UTIL SSA-RRB
- 32 CLEAR JURIS & TRANS UTIL SSA-RRB
- 34 CLEAR JURIS & TRANS UTIL RRB-RRB
- 35 KILL CREDIT RRB-RRB
- 36 KILL CREDIT SSA-RRB
- 50 DEATH
- 51 CESSATION OF DIB
- 52 LOSS OF QRRB STATUS
- 60 MANUAL AWARD-STOP BILLING
- 61 PREVENT YEAR-END BILLING
- 62 RELEASE ID CARD
- 98 COMBINED CHICO-MIRTEL INQUIRY
- 99 INQUIRY

4 TYPE BENEFICIARY

	AGE 65	DIB	DIB, NOW 65
EMPLOYEE	01	11	21
SPOUSE	02	12	22
WIDOW	03	13	23
SURV. CHILD	04	14	24
PARENT	05		
IPI	06	16	26

6 SEX CODE

1-MALE 2-FEMALE

8 EVENT CODE

- 1 YES OPTION - ENTER SMI FILING DATE
- 2 NO OPTION - ENTER SMI FILING DATE
- 3 WITHDRAWAL - ENTER DATE OF REQUEST
- 4 WITHDRAWAL - AFTER SBI - ENTER TERM DATE
- 5 GOOD CAUSE - ENTER SMI EFFECTIVE DATE
- 6 DEATH - ENTER DATE OF DEATH
- 7 CESSATION OF DIB - ENTER DATE OF CESS.
- 8 DUAL ANNUITANT - ENTER CURRENT DATE

9 FORMER NUMBER

WITH ACTIVITY CODES 30, 32, AND 36--ENTER THE SSA NUMBER AND APPROPRIATE SUFFIX*

*Use the appropriate numeric code for the suffix.

A-01	D-04	G-07	J-10	M-13	P-16	S-19	V-22	Y-25
B-02	E-05	H-08	K-11	N-14	Q-17	T-20	W-23	Z-26
C-03	F-06	I-09	L-12	O-15	R-18	U-21	X-24	

WITH ACTIVITY CODES 34 AND 35 - ENTER THE FORMER RRB NUMBER AND APPROPRIATE NUMERIC BIC FOR THE SYMBOL AND PREFIX.

A-10	MH-84	WH-86	PD-45	WCA-13
H-80	WA-16	CA-17	PH-95	WCD-43
MA-14	WD-46	PA-15	JA-11	WCH-83

10 UNIT DESIGNATION

- 01 (MOD #)-RM___
- 02-SSCU
- 03 (MOD #)-SM___
- 040-P&A
- 050-WRP
- 06 (GROUP #)-HB___
- 070-DB
- 080-SQI
- 090-PR
- 130-BCS
- 143-ESA
- 161-RXR
- 171-RXS
- 199-Other

PLEASE READ THE ENCLOSED MATERIAL BEFORE MAKING YOUR CHOICE

IF YOU DO NOT WANT MEDICAL INSURANCE

1. Do NOT tear off the Health Insurance Card. Fill in the information on the back of this form and return it before the effective date shown on the Health Insurance Card.
2. CAREFULLY FOLLOW THE INSTRUCTIONS ON THE BACK OF THIS FORM.

PAULINE E COWGILL
1534A OLD TOWNE MNR
CUMBERLAND MD 21502

WD234-22-6263

IF YOU DO WANT MEDICAL INSURANCE

1. Cut out the card below. This is your Health Insurance Card. Your coverage and your medical insurance premiums begin on the date shown.
2. Throw away the rest of this form.

Health Insurance

RAILROAD RETIREMENT BOARD

NAME OF BENEFICIARY
PAULINE E COWGILL

CLAIM NUMBER
WD234-22-6263

SEX
FEMALE

IS ENTITLED TO — EFFECTIVE DATE

HOSPITAL INSURANCE 4-1-85
MEDICAL INSURANCE 4-1-85

SIGN HERE

IF YOU **DO NOT** WANT MEDICAL INSURANCE, THIS IS WHAT TO DO

1. Check the box below, sign your name, and return the entire form in the enclosed envelope. Do NOT tear off the Medicare card. It would be improper to use it, since you do not want medical insurance. You must return the form BEFORE the date shown on the card.
2. Since you are entitled to hospital insurance, even though you do not want medical insurance, we will send you a new card showing that you have hospital insurance only.

---

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical or health services under "Medicare".
3. Get in touch with your Railroad Retirement Board office if you have questions about your rights under "Medicare".
4. Your card is good wherever you live in the United States. For benefits in Canada, write to the Railroad Retirement Board.

WARNING: Issued for the sole use of the holder designated hereon. Intentional misuse of this card is unlawful and will make the offender liable to penalty.

PROPERTY OF THE UNITED STATES GOVERNMENT.
IF FOUND DROP IN NEAREST U.S. MAIL BOX.

Return to: RAILROAD RETIREMENT BOARD
844 Rush Street, Chicago, Illinois 60611

Form G-41 (4-73)

I DO NOT WANT MEDICAL INSURANCE ☒ Check Here

WRITTEN SIGNATURE

SIGN HERE ⇨ Pauline E. Cowgill

SIGNATURE BY MARK (X) MUST BE WITNESSED

SIGNATURE OF WITNESS

ADDRESS OF WITNESS

RRB FORM G-358A (1-86)
NOTICE OF ANNUITY ADJUSTMENT

12-85 COST-OF-LIVING MASS ADJUSTMENT

SEQ NO. 75,388

ADJUSTMENT TITLE	(A) CLAIM NUMBER	(B) PC	(C) SYM	TIER I (D) TIER I PIA		(F) DRC	(G) AGE RED	CODE	(I) NET TIER I	CODE	TIER II (K) COMP 1	CODE	(M) COMP 3	(O) NET TIER II	WF (Q) NET WINDFALL	(S)	SS DATA (U) SSA PIA	(W) SFX	(Y) OLD RATE BEFORE SMI	(a) NEW RATE AFTER SMI	CODE	(c) SUPP ANN
				(E) GROSS TIER I	CODE		88 SSA OFFSET		(J) PREV TIER I		(L) COMP 2		(N) AGE RED	(P) PREV TIER II	(R) AGE RED	(T) TAX W/H	(V) SSA AMOUNT	(X) PD	(Z) NEW RATE BEFORE SMI	(b) ADJ CK AMOUNT	CODE	(d) REJ/REV
12/85 COL-TAX	WD 234-22-6263	1	W	723.80			600.00	B	600.00					131.55					713.55	731.55		
W/H ADJ				723.80					582.00					131.55		000.00			731.55	731.55		

RRB FORM G-358A (1-86)
NOTICE OF ANNUITY ADJUSTMENT

12-86 TIER I & II COL MASS, ADJUSTMENT

SEQ NO. 76,172

ADJUSTMENT TITLE	(A) CLAIM NUMBER	(B) PC	(C) SYM	TIER I (D) TIER I PIA		(F) DRC	(G) AGE RED	CODE	(I) NET TIER I	CODE	TIER II (K) COMP 1	CODE	(M) COMP 3	(O) NET TIER II	WF (Q) NET WINDFALL	(S)	SS DATA (U) SSA PIA	(W) SFX	(Y) OLD RATE BEFORE SMI	(a) NEW RATE AFTER SMI	CODE	(c) SUPP ANN
				(E) GROSS TIER I	CODE		88 SSA OFFSET		(J) PREV TIER I		(L) COMP 2		(N) AGE RED	(P) PREV TIER II	(R) AGE RED	(T) TAX W/H	(V) SSA AMOUNT	(X) PD	(Z) NEW RATE BEFORE SMI	(b) ADJ CK AMOUNT	CODE	(d) REJ/REV
12/86 COL-TAX	WD 234-22-6263	1	W	733.20			607.80	B	607.00		132.08	E		132.08		83.00			731.55	739.08		
W/H ADJ				733.20					600.00					131.55		000.00			739.08	739.08		

RRB FORM G-358A (1-89)

12/88 COL-TAX W/H MASS ADJ

NOTICE OF ADJUSTMENT

SEG NO. 493,430

(1) CLAIM NUMBER / PC SYM / ADJUSTMENT TITLE	TIER I						TIER II						VDB	SS BEN	TAX		RECUR RATE			
	(2) TIER 1 PIA	CODE	(6) DRC	(8) PSP	(12) NET TIER 1	CODE	(16) COMP 1	CODE	(20) COMP 2	(24) COMP 3	(28) NET TIER 2		(32) NET VDB	(36) SSA PIA	(40) RECUR REGTAX		(44) OLD RATE BEFORE SMI	(48) SMIB PREM	CODE	(52) RJ/RV
	(3) GROSS TIER 1	CODE	(7) %	(9) SSA OFFSET	(13) PREV TIER 1		(17) SURV EQL AMT		(21) SURV RST AMT	(25) SP MIN GUAR	(29) PREV TIER 2		(33) AGE RED	(37) SSA AMOUNT	(41) RECUR SUPP TAX		(45) NEW RATE BEFORE SMI	(49) SMIB CODE		
	(4) AGE RED	CODE		(10) DUAL OFFSET	(14) WC/PDB		(18) LAG BAS ANN		(22) AGE RED	(26) AMC W/LAG	(30) SM W/LAG		(34) C/B	(38)	(42) SSEB PIA	CODE	(46) NEWRATE AFTER SMI	(50) OTHER DED	CODE	
	(5) INCR 1	CODE		(11) INCR 2	(15) TOTAL ACCRUAL		(19) INCR 1	CODE	(23) INCR 2	(27)	(31) TOTAL ACCRUAL		(35)	(39)	(43) ACCRL TAX		(47) CHECK RR/SS/SUPP	(51) SUPP BEFORE TAX		
WD 234-22-6263	794.40	W			658.00		135.67	E			135.67				000.00		766.93			
PC 1 SYM W	794.40				633.00						133.93				000.00		793.67			
12/88 COL-TAX	658.50	B															793.67			
W/H ADJ																	793.67			

RRB FORM G-358A (1-86)

12-87 COL-TAX WH/03-88 VDB CBK MASS ADJ

NOTICE OF ANNUITY ADJUSTMENT

SEQ NO. 77,069

ADJUSTMENT TITLE	(A) CLAIM NUMBER	(B) PC	(C) SYM	TIER I							TIER II						WF		SS DATA						
				(D) TIER 1 PIA		(F) DRC	(G) AGE RED	CODE	(I) NET TIER 1	CODE	(K) COMP 1	CODE	(M) COMP 3	(O) NET TIER II	(Q) NET WINDFALL	(S)	(U) SSA PIA	(W) SFX	(Y) OLD RATE BEFORE SMI	(a) NEW RATE AFTER SMI	CODE	(c) SUPP ANN
				(E) GROSS TIER 1	CODE		(H) SSA OFFSET		(J) PREV TIER 1		(L) COMP 2		(N) AGE RED	(P) PREV TIER II	(R) AGE RED	(T) TAX W/H	(V) SSA AMOUNT	(X) PD	(Z) NEW RATE BEFORE SMI	(b) ADJ CK AMOUNT	CODE	(d) REJ/REV
12/87 COL-TAX	WD 234-22-6263	1	W	763.90			633.20	B	633.00		133.93	E		133.93		87.00			739.08	766.93		
W/H ADJ				763.90					607.00					132.08		000.00			766.93	766.93		

JOHN L. BECHTOL
953 WINIFRED ROAD
CUMBERLAND, MARYLAND 21502

CUMBERLAND MD
APR 28
PM
1989
21502

U. S. RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

MAY 2 1989

CF

Pauline E. Cowgill

1534-A Old Towne Manor
Cumberland, Maryland 21502
April 28, 1989

U. S. Railroad Retirement Board
844 Rush Street
Chicago, Illinois 60611

Dear Sirs:

Enclosed is a copy of Pauline E. Cowgill's Railroad Retirement Board Health Insurance card. At the present time it shows hospital insurance benefits only.

According to your records are there any medical reasons medical insurance cannot be provided? If this insurance can be provided please advise how it can be attained. Also advise what amount of deduction of cost would be ducted from her monthly check, if medical insurance is available.

Sincerely yours,

John L. Bechtol

John L. Bechtol P.O.A.
953 Winifred Road
Cumberland, Maryland 21502

RL-476
(12-86)

Railroad Retirement Notice

UNITED STATES RAILROAD RETIREMENT BOARD
844 Rush St., Chicago, Illinois 60611

DATE: AUG 10 1989

BUREAU OF RETIREMENT CLAIMS

Pauline E. Cowgill
% John L. Beckton
953 Winifred Rd.
Cumberland, Md. 21502

RRB CLAIM NUMBER

WD 234-22-6263

ALWAYS USE THESE LETTERS AND NUMBERS WHEN WRITING US

The answer to your question(s) about Medicare is given in the paragraph or paragraphs marked with an "X". The other paragraphs do not apply to your case.

☐ 1. Your Medicare effective date remains the same. The identification cards are not updated yearly.

☐ 2. A duplicate health insurance card will be mailed to you shortly.

☐ 3. Another person's Medicare premiums cannot be deducted from your monthly payment. Your spouse's/ disabled child's Medicare premiums will have to be paid direct.

☐ 4. When you filed for social security benefits, that application was also used to apply for Medicare coverage. The Social Security Administration transferred your Medicare jurisdiction to the Railroad Retirement Board.

☐ 5. You may pay medical insurance premiums monthly. Be sure to show your Medicare claim number on your check or money order.

☐ 6. The Board has jurisdiction over your Medicare and is responsible for collecting the medical insurance premiums. Your Medicare identification number is:

☐ 7. Attach your medical bills to the enclosed request for Medicare payment form. Submit them to the address shown on the form.

J Bubac

(OVER)

☒ 8. Our records show that you refused medical insurance coverage under Medicare when you first became eligible at age 65. If you now wish to enroll you must file an application during a general enrollment period which run from January 1st through March 31st of each year. If you enroll for 1990 your premium would be at the 40% penalty rate which is currently $44.70

If you need further information, contact the nearest district office of the Board. If you call in person, take this letter and any other material about your claim with you.

Robert S. Kaufman
Associate Executive Director
for Retirement Claims

FR:234-22-5919 1471 TO:234-22-6473

12/89 COL-TAX W/H ADJ

DATE 12-14-89

(1) CLAIM NUMBER	TIER 1 (2) TIER 1 PIA	(3) GROSS TIER 1	(4) AGE RED	(5) INCR 1	(6) (7) %	(8) PSP	(9) SSA OFFSET	(10) DUAL OFFSET	(11) INCR 2	(12) NET TIER 1	(13) PREV TIER 1	(14) WC/PDB	(15) TOTAL ACCRUAL	TIER 2 (16) COMP 1	(17) SURV SOL AMT	(18) LAG BAS ANN	(19) INCR 1	(20) COMP 2	(21) SURV RBT AMT	(22) AGE RED	(23) INCR 2	(24) COMP 3	(25) SP MIN GUAR	(26) AMC W/LAG	(27)	(28) NET TIER 2	(29) PREV TIER 2	(30) SM W/LAG	(31) TOTAL ACCRUAL	VDB (32) NET VDB	(33) AGE RED	(34) C/B	(35)	SS BEN (36) SSA PIA	(37) SSA AMOUNT	(38)	(39)	TAX (40) RECUR REG TAX	(41) RECUR SUPP TAX	(42) SSEB PIA	(43) ACCRL TAX	RECUR RATE (44) OLD RATE BEFORE SM	(45) NEW RATE BEFORE SM	(46) NEW RATE AFTER SM	(47) CHECK WH/SS/SUPP	(48) SMIB PREM	(49) SMIB CODE	(50) OTHER DED	(51) SUPP BEFORE TAX	(52) RA/PRV
MA 234-22-5919																																																		
	416.00								301.00	115.00			129.99	D												129.99			129.99					374.00				000.00			238.32									
										110.00																128.32			128.32					301.00				000.00			244.99									
PC 2																																	BIC A							244.99									
																																	LAF E							545.99									
WD 234-22-6051	895.00	W								639.00			131.91	E												131.91												000.00			740.96						28.60			
	895.00									611.00																129.96			129.96									000.00			770.91						SN			
PC 1	639.90	B																																							742.31									
SYM R																																									742.31									
WCA 234-22-6076	529.50	W								397.00			83.37	E												33.37												000.00			461.14						28.60			
	529.50									379.00																82.14			82.14									000.00			480.37						SN			
PC 1	397.10																																								451.77									
SYM R																																									451.77									
WD 234-22-6263	831.70	W								689.00			137.71	E												137.71												000.00			793.67									
	831.70									658.00																135.67			135.67									000.00			826.71									
PC 1	689.40	B																																							826.71									
SYM W																																									826.71									
MA 234-22-6295	519.50	W								430.00																0000.00			0000.00									000.00			411.00									
	519.50									411.00																000.00			000.00									000.00			430.00									
PC 1	430.60	B																																							430.00									
SYM W																																									430.00									
A 234-22-6297	796.30	A								551.00			347.86	B												347.86			347.86		155.68			172.20			000.00			1024.20						28.60			
	796.00								245.00	526.00																342.72			342.72					245.00				000.00			1054.34						SN			
PC 1																																	BIC A							1025.74									
																																	LAF E							1312.58						41.84			
MA 234-22-6297										000.00			166.84	B												166.84			166.84					548.90			000.00			164.37						28.60			
	398.00								548.00	000.00																164.37			164.37					548.00			000.00			166.84						SN			
PC 2																																	BIC A							138.24									
																																	LAF E							686.24									
A 234-22-6350	955.00	T								955.00			278.82	B	39.26	38.84										373.00												000.00			1280.91						2.			
	955.00									972.00																368.91												000.00			1328.90						SN			
PC 1																																									925.70	T		1300.30						
																																												1342.14						41.84			
MA 234-22-6350										477.00			356.78	B												356.78												000.00			610.41						28.60			
	477.00									456.00																134.61												000.00			633.73						SN			
PC 2																																												605.13									
																																												605.13									
A 234-22-6379	821.60	A	3							827.00			590.87	B												590.87												000.00			1372.14						28.60			
	827.00		3							790.00																582.14												000.00			1417.87						SN			
PC 1																																									821.60	A		1369.27						
																																												1431.11						41.84			
MA 234-22-6379										410.00			265.90	B												265.90												000.00			653.97						28.60			
	410.00									392.00																261.57												000.00			675.90						SN			
PC 2																																												647.30									
																																												647.30									
A 234-22-6432	812.10	M								812.00			196.84	A	32.20	37.23										261.55												31.00			1013.25						28.60			
	812.00									775.00																238.23												3.00			1053.34						SN			
PC 1																																									785.60	W		993.74						
																																												1032.58						41.84			
MA 234-22-6473	840.20	A								840.00			211.74													211.74												000.00			1010.61						28.60			
	840.20									802.00																208.61												000.00			1051.74						SN			
PC 1	840.20																																								1023.14									
SYM W																																									1023.14									

FR:234-22-6769 1472 TO:234-22-7593

12/89 COL-TAX W/H ADJ

DATE 12-14-89

(1) CLAIM NUMBER	TIER 1 (2) TIER 1 PIA	(3) GROSS	(6) (7) %	(8) PSP	(9) SSA	(12) NET TIER 1	(13) PREV	TIER 2 (16) COMP 1	(17) SURV	(20) COMP 2	(21) SURV	(24) COMP 3	(25) SP MIN	(28) NET TIER 2	(29) PREV	VDB (32) NET VDB	(33) AGE	SS BEN (36) SSA PIA	(37) SSA	TAX (40) RECUR REG TAX	RECUR RATE (44) OLD RATE BEFORE SM	(45) NEW RATE	(48) SMIB PREM	(52) RA/PRV

RL-21
(11-76)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

Bureau of Retirement Claims

Pauline Cowgill
953 Winifred Rd
Cumberland MD 21502

We are unable to change your address on the basis of the enclosed correspondence for the reason(s) checked below:

- ☐ The request was not signed by the payee.
- ☐ The request was illegible.
- ☐ The claim number was missing or incorrect.
- ☐ Incomplete address information was furnished.
- ☒ Show proof of Guardianship

Please complete the items below and return this letter in the enclosed envelope.
PLEASE PRINT

YOUR NAME	YOUR RAILROAD RETIREMENT CLAIM NUMBER (As shown on your Medicare card, monthly check, and most letters from the Board.)
PAULINE E. COWGILL	
RAILROAD EMPLOYEE'S NAME	
B.L. COWGILL (DECEASED)	WD234226263

YOUR OLD ADDRESS

1534A OLD TOWNE MANOR, CUMBERLAND, MD. 21502

YOUR NEW ADDRESS

~~953 WINIFRED ROAD, CUMBERLAND, MD. 21502~~

(NUMBER AND STREET OR P.O. BOX NUMBER)

CUMBERLAND (CITY) MARYLAND (STATE) 21502 (ZIP)

If you are NOT presently receiving monthly benefits from the Railroad Retirement Board, check this box: ☐

YOUR SIGNATURE Pauline L. Beachtal, GUARDIAN DATE 6/18/90
Signature by mark "X" must be witnessed by two persons, below:

Signature of 1st Witness _____ Signature of 2nd Witness _____

Robert S. Kaufman
Associate Executive Director
for Retirement Claims

Enclosure

EX PARTE	*	IN THE CIRCUIT COURT
IN THE MATTER OF	*	FOR ALLEGANY COUNTY,
PAULINE E. COWGILL	*	MARYLAND
	*	CIVIL ACTION NO. 5979
	*	FILED _____ ____, 1990

* * * * * * * * * * * * * * * * * *

ORDER

This case having been heard before the Court on May 25, 1990, and the Court having determined that Pauline E. Cowgill lacks sufficient understanding or capacity to make or communicate responsible decisions concerning her person, including provisions for her health care, food, clothing and shelter, because of mental and/or physical disabilities, and the Court having further determined that no less restrictive form of intervention is available which is consistent with her welfare and safety other than the appointment of a Guardian for her person and property, so the person is a Disabled Person for whom a Guardian of the person and property may be appointed; and the Court having further determined that John L. Bechtol is a proper person to be appointed as Guardian of the person and property of Pauline E. Cowgill;

It is this 25 of May 1990, by the Circuit Court for Allegany County, Maryland, ORDERED that John L. Bechtol be and he is hereby appointed as Guardian of the person and property of Pauline E. Cowgill, a Disabled Person, pursuant to the provisions of Title 13, Subtitles 2 and 7 of the Estates and Trusts Article of the Annotated Code of Maryland; and it is further

ORDERED that said Guardian shall have those rights, duties and powers enumerated in Sections 13-200 et seq. and 13-708 of said Article; and it is further

ORDERED that this Court shall retain jurisdiction over this matter for such purposes as are necessary and proper in the best interest of the Disabled Person; and it is further

ORDERED that said Guardian shall be required to secure and file in this proceeding a bond in the amount of $ 10,600.00 .

(s) Gary G. Leasure
JUDGE OF THE CIRCUIT COURT

A TRUE COPY, TEST:

```
AL  J310                CODE PARAGRAPH SELECTION/OVERVIEW                07/11/90
USERID:  PRECHTCA                                                        09:10
        PREFIX:  D              RRB #: 234226263          PAYEE CODE:  1
        LETTER: RL- 119          EMPLOYEE'S NAME:  DELMONT L COWGILL
ITEM                              DESCRIPTION
PS 3.6   T1, T2 - ALL DATE BREAKS FROM EXAMINER

407      REP PAYEE

 ENTER CODE PARAGRAPH:          LETTER VALIDATED FOR RELEASE? Y    PAGE   0001
DC900037 LETTER READY FOR RELEASE; SELECT NEXT FUNCTION
------------------------------------  RESPONSES  ------------------------------------
 PF1=CP LIBRARY  PF3=MODIFY ITEM  PF4=DELETE ITEM  PF7=PREV PAGE  PF8=NEXT PAGE
PF22=COPIES/ENC  PF23=MODIFY LTR  PF24=CREATE LTR  PA1=MAIN MENU  PA2=END ALTA
```

```
AL  J213                T1,T2 PAYMENT SUMMARY                    07/11/90
USERID:  PRECHTCA                                                09:09
        PREFIX:  D              RRB #:  234226263       PAYEE CODE:  1
        LETTER: RL- 119          EMPLOYEE'S NAME:  DELMONT L COWGILL
              ALL DATE BREAKS FROM EXAMINER
     EFFECTIVE DATE          TIER 1          TIER 2          TOTAL RATE
       07 - 01 - 90        $  609.00       $  137.71       $  026.71
          -   -                 .00             .00             .00
          -   -                 .00             .00             .00
          -   -                 .00             .00             .00
          -   -                 .00             .00             .00
          -   -                 .00             .00             .00
          -   -                 .00             .00             .00
          -   -                 .00             .00             .00
          -   -                 .00             .00             .00
          -   -                 .00             .00             .00
          -   -                 .00             .00             .00
          -   -                 .00             .00             .00
          -   -                 .00             .00             .00
DC900027 DATA HAS BEEN ACCEPTED; SELECT NEXT FUNCTION
------------------------------------  RESPONSES  ------------------------------------
 PF19=CP SELECT/OVERVIEW                  CLEAR=PAYMENT SUMMARY SELECTION
 PA1=MAIN MENU                            PA2=END ALTA SESSION
```

```
    CLAIM NO      P/C    RR        SS          NAME / ADDRESS          C/M     DOB      SEX
WD 234-22-6263    1   IN FRC   N APPL   PAULINE E COWGILL              NO   04-25-20   F
PSEUDO NO                                1534A OLD TOWNE MNR
      CURRENT RATE INFORMATION           CUMBERLAND MD 21502.      REP PAY  EARMARKS
 CHECK          RR         SUP         SS                                   5 1 1
 786.71     786.71                                                 FAMCD     TWCD
                                                 SEQ CODE
          SMIB INFORMATION                  LAST COA   08-10-83   EE SSN: 234-22-6263
        CODE    DISA     HTD      SMIB        DIRECT DEPOSIT INFORMATION
 RATE   RR SS   CODE     DATE     DATE      DATE      ROUTE NO       ACCOUNT TYPE/NO
40.00   1       AGE      04-85    07-90
TABLE RATE:    40.00
          PREVIOUS ACTIONS                                          TERM/SUSP INFORMATION
     ACCRUAL  OLD RATE NEW RATE  VOU  ACC DATE  TYPE                 CAUSE  EFF DT
RR                926.71   786.71  002  06-20-90  AWD
SS
SUP
TAXES W/H> RR ACC          SUP ACC          <> RECUR RR          RR PRE TAX   786.71
  SSA CLAIM NO      BEN SSN      SS ENT  SUP EF DT  SUP RED  DA NO  CB     RECUR SUP      <
                  235-74-1604     NO                                 0   07-11-90
ENTER PREFIX  4   RRB # (9 DIGITS)  234226263   AND PAY CODE  0
  MENU = PF3                                          DATAQ UPDATED 07-11-90
SCREEN   1    DISPLAYED, NEXT ?
```

T1 689
T2 132.71
826.71
-40
786.71

STOPS
8-1 CK.

```
TSME001                  SUSPENSION/TERMINATION ENTRY SCREEN                07/11/90
                                                                            08:54
    CLAIM NO       P/C      RR         SS              NAME                  DOB
  WD 234-22-6263    1     IN FRC    N APPL     PAULINE E COWGILL          04-25-20
                          CURRENT RATE INFO
                 CHECK        RR          SUPP          SS
                 786.71     786.71
-------------------------------------------------------------------------------
                          ENTER S/T INFORMATION
     SUSP/TERM CODE       EFF DATE        LETTER CODE
RR       65                 07-90
SS       XX                 MM-YY
              UNIT ID:  2344          USER SIGNON - PRECHTCA
RECORD HAS BEEN ADDED TO THE DATABASE. HIT PF KEY TO CONTINUE.
-------------------------------- RESPONSES --------------------------------
        PF2 = STORE          PF6 = LEAVE AS IS       PF8 = TRACK
```

RRB FORM G-364 (10-89)

SURVIVOR DATA INPUT SYSTEM PAYMENT SHEET/BENEFICIARY DATA

2007 17 90 097

1. VOUCHER NUMBER
2. RESERVED | 3. NUMBER OF G-364s THIS G-364: 1 OF 1

4. CERT CODE
0. FINAL
1. RECERT
2. REINSTATE
3. REINST/RECERT
4. PART RECERT CODE
5. MISC RECERT CODE
6. OPO GENERAL
7. OPO INITIAL
8. CONSTRUCTIVE/PARTIAL
9. OPO RECERT

5. CHK SYM: WD | 6. PRE | 7. CLAIM NUMBER
8. EE'S SSA NUMBER: 231-21-6163

9. CERT CD: 2
10. OPO INDICATOR: ① ☐ NO PREV PAY FOR ANY MONTHS ② ☐ PREV PAY FOR ALL MONTHS ③ ☐ PREV PAY FOR SOME MONTHS
11. TYPE OF PAYMENT: ① ☐ SF1106 ② ☐ LEGAL PROCESS ③ ☐ TRANSFER OF FUNDS ONLY

12. PAYEE CD: 1 | 13. BEN SYM: W | 14. BENEFICIARY'S NAME: PAULINE E COWGILL
15. DOB: 04 25 10 | ADM FIN: ① ☐ | 16. ADM FIN EFF DATE | 17. ORIGINAL DOB
18. SEX: ① ☐ MALE ② ☒ FEMALE | 19. FAMILY | 20. TWIN | 21. GRANDCHILD ① ☐ | 22. MDC ① ☐ | 23. ANNULMENT ① ☐
24. SSA NUMBER - OWN: 231-71-6014 | 25. SS BEN REC CD ① ☐ YES ② ☒ NO | 26. RATE EFF DATE - CERT 2,5: 01 01 90
27. SSA NUMBER - OTHER | 28. SUFFIX | 29. SS PIA | 30. EFF DATE
31. APPLICATION: 10 1 | 32. FILING DATE | 33. OBD: 04 80 | 34. TIER I BEG DATE | 35. TOLERANCE ① ☐ APPLIES
36. SUSP/TERM CD | 37. SUSP/TERM EFF | 38. PART WITH AMT | 39. PART WITH EFF | 40. RECOVERY DATE
41. PART WITH CODE (SOURCE OP) ① ☐ TIER I ② ☐ TIER 2 ③ ☐ VDB ④ ☐ SUPP ⑤ ☐ MULTI-TIER ⑥ ☐ NON-TAXABLE ⑦ ☐ TAXABLE AND NON TAXABLE
42. WAIVER CODE ① ☐ UNSPECIFIED ② ☐ TIER I ③ ☐ TIER 2 ④ ☐ VDB
43. WAIVER AMT | 44. WAIVER EFF | 45. ACT ADJ AMT | 46. ACT ADJ EFF
47. LP - PARTITION | 48. LP - ASSIGN/NON-PART | 49. RESERVED | 50. RESERVED
51. REMARKS: RL-119(ALTA) REP-PAYEE SELECTED

52. SS DIS ONSET DATE | 53. SS DIS TERM DATE
54. EE SS INSURED STATUS ① ☒ YES ② ☐ NO | 55. RESERVED
56. WORK DEDUCTIONS ① ☐ TWO ② ☐ PWD ③ ☐ BOTH | 57. ACCOMPANYING FORMS ⑮ ☐ G-369 ⑯ ☐ ⑰ ☐ G-364.1 ☒ NONE | 58. PAYEE SSN - ANNUITY DUE BUT UNPAID AT DEATH
59. EE CONTRIBUTION AMT $ | 60. RESERVED

61. ACCRUAL PERIOD: FROM 01 91 0 THRU 01 91 0
62. TIER I ACCRUAL BEG DATE (IF LATER THAN BEG DATE IN ITEM 61): FROM
63. TIER SUMMARY TOTAL (FROM G-369) ① ☐ ACCRUAL ② ☐ OP $
64. ACCRUAL DUE AFTER OVERPAYMENT RECOVERY $

ADDITIONAL AMOUNTS
65. SS AMOUNT $
66. OTHER BENEFICIARY AMOUNT $
67. NON-TAXABLE AMOUNT $
68. ACT ADJ REFUND $
69. RESERVED $
70. RESERVED $

DEDUCTION AMOUNTS
PRE-RECOVERY
71. OTHER CLAIM NO. PRE | CLAIM NO. | PC
72. SS CLAIM NO. CLAIM NO. | SUFFIX

73. OP-OTHER CLAIM NO. (A) ① ☐ NOT AMIS AR (B) ② ☐ LAST CHECK $
74. TAXABLE RECOVERY THIS CLAIM NO. ① ☐ NOT AMIS AR $
75. NON-TAXABLE RECOVERY THIS CLAIM NO. ① ☐ NOT AMIS AR $
76. RLS $
77. (A) ④ ☐ RUIA ③ ☐ SUPP (B) ① ☐ LAST CHECK $
78. SSA (A) ⑦ ☐ DI ⑧ ☐ OASI (B) ① ☐ LAST CHECK $

79. EARMARKS ④ ☐ ALL COL'S CONSIDERED ③ ☐ _____
80. REP PAYEE CODE ① ☒ COURT APPOINTED ② ☐ PAYEE NEITHER COURT APPOINTED NOR PARENT FOR CHILD ③ ☐ PARENT FOR CHILD

	MONTHLY RATE	FROM	THRU	MOS.	AMOUNT
82. PARTIAL WITHHOLDING					$
83. ACT ADJ					$
84. WAIVER					$
85. LEGAL PROCESS PARTITION					$
86. ASSIGN/LEGAL PROCESS NON PARTITION					$
87. SMI PREMIUM					$
88. SMI PREVIOUSLY TRANSFERRED					$

81. NAME AND ADDRESS
1. JOHN L BECHTOL
2. FOR PAULINE COWGILL
3. 1953 WINIFRED ROAD
4. CUMBERLAND MD 21502
5.
6.

89. LAST MONTHLY PAYMENT RATE $
90. ANNUITY RATE $
91. DEDUCTIONS $
92. MONTHLY RATE $ 826.71
93. NET AMOUNT PAID $ -0-
94. BALANCE CONTROL $

95. EXAMINER	DATE	96. AUTHORIZER	DATE	97. AUTHORIZER	DATE	98. CODE CLERK/VOUCHER CLERK	DATE	99. EXAM NO.	100. AUTH NO.
P. Mann	7-11-90	S. Patterson	7-12-90					463	443

RRB FORM G358 (1-89)

NOTICE OF ADJUSTMENT

12/91 COL-TAX WH ADJ

SEG NO. 76,858

	TIER I						TIER II						VDB	SS BEN	TAX		RECUR RATE			
(1) CLAIM NUMBER	(2) TIER 1 PIA	CODE	(6) DRC	(8) PSP	(12) NET TIER 1	CODE	(16) COMP 1	CODE	(20) COMP 2	(24) COMP 3	(28) NET TIER 2		(32) NET VDB	(36) SSA PIA	(40) RECUR REGTAX		(44) OLD RATE BEFORE SMI	(48) SMIB PREM	CODE	(52) RJ/RV
PC SYM	(3) GROSS TIER 1	CODE	(7) %	(9) SSA OFFSET	(13) PREV TIER 1		(17) SURV EQL AMT		(21) SURV RST AMT	(25) SP MIN GUAR	(29) PREV TIER 2		(33) AGE RED	(37) SSA AMOUNT	(41) RECUR SUPP TAX		(45) NEW RATE BEFORE SMI	(49) SMIB CODE		
ADJUSTMENT TITLE	(4) AGE RED	CODE		(10) DUAL OFFSET	(14) WC/PDB		(18) LAG BAS ANN		(22) AGE RED	(26) AMC W/LAG	(30) SM W/LAG		(34) C/B	(38)	(42) SSEB PIA	CODE	(46) NEWRATE AFTER SMI	(50) OTHER DED	CODE	
	(5) INCR 1	CODE		(11) INCR 2	(15) TOTAL ACCRUAL		(19) INCR 1	CODE	(23) INCR 2	(27)	(31) TOTAL ACCRUAL		(35)	(39)	(43) ACCRL TAX		(47) CHECK RR/SS/SUPP	(51) SUPP BEFORE TAX		
WD 234-22-6263 PC 1 SYM W 12/91 COL-TAX WH ADJ	909.00 909.00 753.50	W B			753.00 726.00		141.87	E			141.87 140.19				000.00 000.00		866.19 894.87 850.37 850.37	44.50 SN 40		

RRB FORM G358 (1-89)
NOTICE OF ADJUSTMENT
12/90 COL MASS ADJUSTMENT
SEG NO. 77,234

	TIER I						TIER II						VDB	SS BEN	TAX		RECUR RATE			
(1) CLAIM NUMBER	(2) TIER 1 PIA	CODE	(6) DRC	(8) PSP	(12) NET TIER 1	CODE	(16) COMP 1	CODE	(20) COMP 2	(24) COMP 3	(28) NET TIER 2		(32) NET VDB	(36) SSA PIA	(40) RECUR REGTAX		(44) OLD RATE BEFORE SMI	(48) SMIB PREM	CODE	(52) RJ/RV
PC SYM	(3) GROSS TIER 1	CODE	(7) %	(9) SSA OFFSET	(13) PREV TIER 1		(17) SURV EQL AMT		(21) SURV RST AMT	(25) SP MIN GUAR	(29) PREV TIER 2		(33) AGE RED	(37) SSA AMOUNT	(41) RECUR SUPP TAX		(45) NEW RATE BEFORE SMI	(49) SMIB CODE		
ADJUSTMENT TITLE	(4) AGE RED	CODE		(10) DUAL OFFSET	(14) WC/PDB		(18) LAG BAS ANN		(22) AGE RED	(26) AMC W/LAG	(30) SM W/LAG		(34) C/B	(38)	(42) SSEB PIA	CODE	(46) NEWRATE AFTER SMI	(50) OTHER DED	CODE	
	(5) INCR 1	CODE		(11) INCR 2	(15) TOTAL ACCRUAL		(19) INCR 1	CODE	(23) INCR 2	(27)	(31) TOTAL ACCRUAL		(35)	(39)	(43) ACCRL TAX		(47) CHECK RR/SS/SUPP	(51) SUPP BEFORE TAX		
WD 234-22-6263 PC 1 SYM W 12/90 COL-TAX W/H ADJ	876.60 876.60 726.70	W B			726.00 689.00		140.19	E			140.19 137.71				000.00 000.00		826.71 866.19 824.29 824.29	41.90 SN		

G-99a
(7-90)

FORM APPROVED
OMB #3220-0151

U.S. RAILROAD RETIREMENT BOARD

REPRESENTATIVE PAYEE REPORT

OCTOBER 23, 1991

R.R.B. CLAIM #: WD 234-22-6263

ANNUITANT'S NAME: PAULINE COWGILL

REPORT PERIOD: 10-01-90 TO 09-30-91

JOHN L BECHTOL
FOR PAULINE COWGILL
953 WINIFRED ROAD
CUMBERLAND MD 21502

IMPORTANT: PLEASE READ THE INSTRUCTIONS INCLUDED IN THE PAPERWORK REDUCTION/ PRIVACY ACT NOTICE, AND BURDEN STATEMENT, PRINTED ON THE REVERSE SIDE OF THIS STATEMENT.

CIRCLE OR ENTER CORRECT ANSWER

1. DOES THE ANNUITANT LIVE WITH YOU? YES (NO)

   NOTE: IF NO, PLEASE FURNISH, ON THE LINES PROVIDED BELOW, THE NAME, ADDRESS AND PHONE NUMBER OF THE PERSON OR INSTITUTION WITH WHOM THE ANNUITANT RESIDES.

CUMBERLAND NURSING HOME | 512 WINIFRED RD; CUMBERLAND, MD, 21502 | (301) 724-6066

NAME | ADDRESS | DAYTIME PHONE

2. ARE YOU THE COURT APPOINTED GUARDIAN OF THE ANNUITANT? (YES) NO - GO TO ITEM 4.

3. IS THE MOST RECENT COURT ACCOUNTING DOCUMENT WHICH YOU GAVE THE COURT 1 YEAR OLD OR LESS? (YES) - SEE NOTE. NO - GO TO ITEM 4.

   NOTE: ATTACH COPY OF DOCUMENT, AND GO TO ITEM 6. ~~YOU HAVE A COPY ON FILE.~~

4. SHOW THE AMOUNT OF RAILROAD RETIREMENT BENEFITS USED FOR THE ANNUITANT'S EXPENSES DURING THE REPORTING PERIOD SHOWN ABOVE. $ ~~ALL~~ BY PHONE $9,800.00

5. IF THERE WERE UNUSED BENEFITS AT THE END OF THIS REPORTING PERIOD, BRIEFLY EXPLAIN WHAT YOU DID WITH THEM (E.G. CHECKING, SAVINGS OR OTHER). NONE

6. CERTIFICATION - I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I KNOW THAT IF I MAKE A FALSE OR FRAUDULENT STATEMENT IN ORDER TO RECEIVE BENEFITS FROM THE RAILROAD RETIREMENT BOARD, I AM COMMITTING A CRIME WHICH IS PUNISHABLE UNDER FEDERAL LAW BY FINE, OR IMPRISONMENT, OR BOTH.

SIGNATURE John L. Bechtol DATE 10/28/91

RELATIONSHIP TO ANNUITANT OR TITLE BROTHER-IN-LAW (301) 724-1601
DAYTIME PHONE

RAILROAD RETIREMENT BOARD
615 HOWARD AV RM 209

ALTOONA PA 16603

PHONE 814-946-3601

PLEASE RETURN THIS FORM IN THE ENCLOSED ENVELOPE. FOLD THE FORM SO THAT THE ADDRESS PRINTED HERE APPEARS IN THE WINDOW OF THE ENVELOPE.

OK 11/6/91

Paperwork Reduction/Privacy Act Notice

This notice is given under the Paperwork Reduction Act of 1980 and the Privacy Act of 1974. The information requested on this form is used by the Railroad Retirement Board (RRB) to conduct an accounting of your performance as representative payee for the report period shown above. The RRB's authority for requesting this information is section 7(b)(6) of the Railroad Retirement Act of 1974.

Please complete and return this form in the enclosed envelope within 15 days. Your obligation to provide the requested information is voluntary. However, your failure to respond can result in you being asked to complete a more detailed report and it may result in a suspension of benefit payments or, ultimately, your removal as representative payee.

The information you provide on this form may be disclosed without your approval to the individual or institution you identified in question number one. Such information may also be disclosed without your approval to the General Accounting Office for audits, to the Justice Department for collecting overpayments owed to the RRB or the Social Security Administration, to law enforcement agencies and in court proceedings.

A complete listing of the persons, organizations and agencies to which the information you give us may be released is available at any office of the RRB, if you wish to see it.

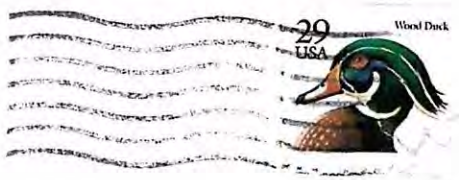
We think this form takes an average of 7 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. If you wish, send comments regarding the accuracy of our estimate or any other aspects of this form, including suggestions for reducing completion time, to Director of Information Resources Management, Railroad Retirement Board, 844 Rush St., Chicago IL 60611 and to the Office of Management and Budget, Paperwork Reduction Project (3220-0151), Washington, D.C. 20503. Please do not return this form to either of these addresses.

Reminder: The response to item 4 of this form must be a dollar amount.

G-99a
(07-90)

RRB-ALTOONA, PA OCT 31 199

John L. Bechtol
953 Winifred Road
Cumberland, Maryland 21502



United States
Railroad Retirement Board
844 Rush Street
Chicago, Illinois 60611

Attn. Robert S. Kaufman

953 Winifred Road
Cumberland, Maryland 21502
January 15, 1992

United States
Railroad Retirement Board
844 Rush Street
Chicago, Illinois 60611

NOTICE OF DEATH

Dear Sirs:

I wish to take this means to seek some information regarding the death of Pauline E. Cowgill WD234-22-6263. She passed away January 14, 1992.
Being I had Power of Attorney and had Guardianship for her person, I request the duty of me since she has passed away regarding the last annuity she received for the month of January and requst that farther payment be discontinued.
Please furnish all information I need for this settlement.

Sincerely yours,
John L. Bechtol

John L. Bechtol

2-1
3-1
4-1

03-11-92

NOTICE OF CANCELLED CHECK

DATE PROCESSED 03-11-92

CLAIM NUMBER	PC		CHECK NUMBER
WD 234-22-6263	1		0192799 EFT
		PAYEE NAME-ADDRESS	AMOUNT
ISSUE DATE 03-92		JOHN L BECHTOL FOR PAULINE COWGILL 953 WINIFRED ROAD CUMBERLAND MD 21502	$ 850.37
CAUSE CODE	93	MONTHLY	
EFF DATE	00-00		

R5DV

R5DM

3-18

			RR	SUPP	SS
BATCH	310	REG	850.37		
ACTG DT	03112	ACCRUAL			

LAST COA			RR		SS	
BATCH	DATE	TYP	STAT	CSE	STAT	CSE
199	081083	2	SUSP	93 N	APPL	00

```
   CLAIM NO     P/C   RR       SS          NAME / ADDRESS        C/M     DOB     SEX
 WD 234-22-6263  1    SUSP    N APPL    JOHN L BECHTOL            NO   04-25-20   F
PSEUDO/DUAL NO                          FOR PAULINE COWGILL                EARMARKS
      CURRENT RATE INFORMATION          953 WINIFRED ROAD         REP PAY CL AE RL
 CHECK         RR       SUP       SS    CUMBERLAND MD 21502       COURT   OK OK OK
              850.37                                               FAMCD    TWCD
                                           GEO CODE
         SMIB INFORMATION               LAST COA   08-10-83   EE SSN: 234-22-6263
        CODE    DISA    HIB     SMIB       DIRECT DEPOSIT INFORMATION
 RATE  RR SS    CODE    DATE    DATE      DATE      ROUTE NO       ACCOUNT TYPE/NO
44.50  1       AGE     04-85   07-90   09-19-91  05210040 8   S 7248713751
TABLE RATE:    44.50
          PREVIOUS ACTIONS                                    TERM/SUSP INFORMATION
     ACCRUAL  OLD RATE NEW RATE  VOU  ACC DATE  TYPE           CAUSE  EFF DT
RR             824.29   850.37   310  03-11-92  T/S             93
SS
SUP                                                          RR PRE TAX   850.37
TAXES W/H> RR ACC          SUP ACC        <> RECUR RR        RECUR SUP       <
  SSA CLAIM NO      BEN SSN     SS ENT  SUP EF DT  SUP RED  BA NO  CB     DATE
                  235-74-1604    NO                                0   03-16-92
ENTER PREFIX  4   RRB # (9 DIGITS)  234226263   AND PAY CODE  0
  MENU = PF3                                              DATAQ UPDATED 03-13-92
SCREEN   1    DISPLAYED, NEXT ?
```

4-1- NOT Released 7/92

```
   CLAIM NO     P/C   RR       SS          NAME / ADDRESS          C/M     DOB     SE
 WD 234-22-6263  1   SUSP    N APPL   JOHN L BECHTOL               NO   04-25-20   F
PSEUDO/DUAL NO                        FOR PAULINE COWGILL                EARMARKS
        CURRENT RATE INFORMATION      953 WINIFRED ROAD          REP PAY CL AE RL
  CHECK          RR       SUP      SS CUMBERLAND MD 21502       COURT   OK OK OK
                850.37                                          FAMCD    TWCD
           SMIB INFORMATION             GEO CODE
         CODE   DISA   HIB    SMIB   LAST COA   08-10-83   EE SSN: 234-22-626
 RATE  RR SS   CODE   DATE   DATE       DIRECT DEPOSIT INFORMATION
44.50  1      AGE    04-85  07-90     DATE     ROUTE NO       ACCOUNT TYPE/NO
TABLE RATE:   44.50                 09-19-91  05210040 8  S 7248713751
              PREVIOUS ACTIONS
     ACCRUAL  OLD RATE NEW RATE  VOU  ACC DATE  TYPE          TERM/SUSP INFORMATIO
RR             824.29   850.37   310  03-11-92  T/S            CAUSE  EFF DT
SS                                                             93
SUP
TAXES W/H) RR ACC          SUP ACC          () RECUR RR       RR PRE TAX   850.3
  SSA CLAIM NO      BEN SSN     SS ENT  SUP EF DT  SUP RED  BA NO  CB     RECUR SUP
                  235-74-1604    NO                                0     03-16-92
ENTER PREFIX  4   RRB # (9 DIGITS)  234226263   AND PAY CODE  0
  MENU = PF3                                              DATAQ UPDATED 03-13-9
SCREEN   1    DISPLAYED, NEXT ?
```

```
TSME001              SUSPENSION/TERMINATION ENTRY SCREEN                 03/16/
                                                                         08:44
   CLAIM NO      P/C      RR       SS                NAME                DOB
 WD 234-22-6263   1      SUSP     N APPL    JOHN L BECHTOL               04-25-
                      CURRENT RATE INFO
                CHECK          RR          SUPP          SS
                              850.37
-------------------------------------------------------------------------------
                      ENTER S/T INFORMATION
     SUSP/TERM CODE        EFF DATE          LETTER CODE
RR       41                  01-92
SS       XX                  MM-YY
                UNIT ID:  2344          USER SIGNON - MILLERCO
NO ERRORS DETECTED, HIT PF2 TO SUBMIT RECORD TO THE DATA BASE
-------------------------------- RESPONSES --------------------------------
          PF2 = STORE          PF6 = LEAVE AS IS       PF8 = TRACK
```

```
TSME001              SUSPENSION/TERMINATION ENTRY SCREEN                 03/16/
                                                                         08:44
   CLAIM NO      P/C      RR       SS                NAME                DOB
 WD 234-22-6263   1      SUSP     N APPL    JOHN L BECHTOL               04-25-
                      CURRENT RATE INFO
                CHECK          RR          SUPP          SS
                              850.37
-------------------------------------------------------------------------------
                      ENTER S/T INFORMATION
     SUSP/TERM CODE        EFF DATE          LETTER CODE
RR       41                  01-92
```

RL-139
(6-79)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

MAR 17 1992

BUREAU OF RETIREMENT CLAIMS

JOHN L BECHTOL
953 WINIFRED RD.
CUMBERLAND, MD
21502

In reply refer to
R.R.B. No. WID 234-22-6263
PAULINE COWGILL DEC'D.

You recently asked whether further benefits are payable under the Railroad Retirement Act.

This bureau has determined that no further benefits are payable under the Railroad Retirement Act in this case.

Furthermore, an annuity payment represents the annuity due for the month immediately before the date of the payment and no annuity is payable for the month in which DEATH OCCURS.

Therefore, the last month for which an annuity was payable in this case was DECEMBER 1991, THE PAYMENT DATED JANUARY 1, 1992.

The paragraph(s) marked by an "X" apply in this case.

☐ Any check covering payment for any later month must be returned to the Treasury Department, Post Office Box 8670, Chicago, Illinois, 60680.

☒ If the annuitant is deceased, any Direct Deposit payment sent directly to a financial organization for any later month must be returned by the financial organization in accordance with the instructions issued by the Treasury Department.

☐ If the annuitant is not deceased, any Direct Deposit payment sent directly to a financial organization for a later month must be refunded by a check or money order payable to the U. S. Railroad Retirement Board and forwarded to the Board's Bureau of Retirement Claims, Check Services Unit. The above claim number must be shown on the check or money order.

Robert S. Kaufman
Director of Retirement Claims

P.S THE PAYMENTS DATED 2-1-92, 3-1-92 + 4-1-92 WERE NOT DUE OR PAYABLE AND MUST BE RETURNED

John L. Bechtol
953 Winifred Road
Cumberland, Maryland 21502

U.S. Railroad Retirement Board
844 Rush Street
Chicago, Illinois 60611-2031

RSDM 3-18

953 Winifred Road
Cumberland, Maryland 21502
March 19, 1992

U.S. Railroad Retirement Board
844 Rush Street
Chicago, Illinois

RSDM 3-18-92

Dear Sirs:

On January 14, 1992 Pauline E. Cowgill deceased this life.

There was a svaings account established in her name under Account No. 724 87137 51 at The First National Bank of Maryland, 1050 Industrial Blvd., Cumberland, Maryland 21502.

When I had this account closed for Pauline, ID WD234-22-6263 there had been two checks deposited to this account for the months of February and March 1992. When the account was closed the bank withheld $1700.74 to be returned to the Railroad Board. The monthly amount was $850.37.

My question is, shouldn't there be a refund of $63.60 for the two months of Medicare Part B Premium. Part B became effective July 1, 1990.

If a refund is due, make check payable to the Estate of Pauline E. Cowgill, and mail it to my address shown above.

Reply requested please.

Sincerely,
John L. Bechtol
John L. Bechtol
personal Repersentative

RRB FORM 240 (9-85)

REQUEST FOR MEDICARE FUNDS TRANSFER

1 RRB CLAIM NUMBER	2 NAME OF ENROLLEE	3 AMT. TO BE TRANSFERRED
WD234-22-6263	Pauline Cowgill	$89.00

4 PERIOD COVERED	5 CD NUMBER (PSU USE ONLY)	6 JV NUMBER (MPS USE ONLY)
2-92 thru 3-92		OPAC

7 FROM

- [X] SMI PREMIUM ACCOUNT — AGE 65 (20 X 8004.5)
- [ ] SMI PREMIUM ACCOUNT — DISABILITY (20 X 8004.7)
- [ ] SOCIAL SECURITY EQUIVALENT BENEFIT ACCOUNT (60 X 8010)
- [ ] REGULAR RR ACCOUNT (60 X 8011)
- [ ] SPECIAL RR ACCOUNT (60 X 6875)
- [ ] SSA ACCOUNT — OASI (7520 X 8006)
- [ ] SSA ACCOUNT — DI (7520 X 8007)
- [ ] OTHER (SPECIFY) _____

8 TO

- [ ] SMI PREMIUM ACCOUNT — AGE 65 (20 X 8004.5)
- [ ] SMI PREMIUM ACCOUNT — DISABILITY (20 X 8004.7)
- [X] SOCIAL SECURITY EQUIVALENT BENEFIT ACCOUNT (60 X 8010)
- [ ] REGULAR RR ACCOUNT (60 X 8011)
- [ ] SSA ACCOUNT — OASI (7520 X 8006)
- [ ] SSA ACCOUNT — DI (7520 X 8007)
- [ ] OTHER (SPECIFY) _____

FOR PSU USE ONLY:

- [ ] APPROPRIATE SMI ACCOUNT (TO BE DETERMINED BY MPS)

9 REMARKS

REQUESTED BY	UNIT	DATE	TRANSFERRED BY	DATE
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

REASON FOR REFERRAL
ALERT - PAID THRU DATE AFTER DOD CHECK FOR POSSIBLE REFUND

ACTIVITY 22 MECHAN WIDOW/ER,JA

RRB CLAIM NO	TYPE BEN	SEX	RRB DOB	HI DOB	PSEUDO NO	DEATH BENE SSA	EE SSA	SSA CLM NO/SUF
WD234-22-6263	03	F	04/25/20	04/25/20				

SOC	REC STAT	SOF DT	SED	RPD	PD THRU DT	EXC PREM AMT	SMIB TRM DT	DELQ DT	HED	HIB TRM DT	DOD
	99			$.00		$.00					01/92

ID ISS	PC	ABD	DIS FRZ DT	ACCR DT	DEL DT	DT LST PYMT	3 PTY CD	TYPE BILL	AMT PAID	A/D CD	POSTMARK	REP PAY	REFUND
	1												

SEC UNIT	ACT CD	MED CAT DATA CD	CAT EFF DT	ESA
	22C			00000 00 00000000 00000000

****

MASTER WIDOW/ER,JA

RRB CLAIM NO	TYPE BEN	SEX	RRB DOB	HI DOB	FIRST ENROLLMENT PSEUDO NO	DEATH BENE NAME		REP PAY	SEC UNIT
WD234-22-6263	03	F	04/25/20	04/25/20		PAULINE	COWGILL	1	HB2

TYPE APPL	BENE SSA	EE SSA	SSA CLM NO/SUF	REC STAT	DOD	ID ISS	G44 GEP	REF CD	REF DT	ZIP CD
3	235-74-1604	234-22-6263		99	01/92	5	4	2224	04/23/92	21502

SREQ CD	SREQ DT	SREP DT	LAP CD	LAP DT	VCHR NO	VCHR DT	SOF DT	SOC	ABD	DIS FRZ DT	SED	RPD	DELQ DT	SMIB TRM CD/DT
3	11/09/84	12/04/84	22C	04/23/92	0002	07/90	01/90	1			07/90	$44.50		

HED	HIB TRM DT	ACCR DT	DEL DT	DT LST PYMT	AMT PAID	BILL REL DT	3 PTY CD	A/D CD	PD THRU DT	EXC PREM	ARRG DUE/CD	YEC
04/85									03/92			

MED CAT DATA CD	CAT EFF DT	CAT ACCTG DT	PREV MED CAT DATA CD	PREV CAT EFF DT	PREV CAT ACCTG DT	VAR BASE RT	PREV VAR RT PD
SN040	07/90	01/90				$.00	$.00

***
1C00000 200324920000 00000000 ***

****
****00000000 00000000000000000000C23 ***

****
JOHN L BECHTOL
FOR PAULINE COWGILL
¦953 WINIFRED ROAD
CUMBERLAND MD 21502

```
MED004          PAYMENT INVESTIGATION   E N T R Y   S C R E E N          06/02/92
                     PAYMENT IDENTIFICATION INFORMATION                      14:19
   RRB CLAIM NUMBER  WD 234-22-6263        PAYEE CODE 1        UNIT ID 2344
   REASON FOR REQUEST: RECLAMATION - OTHER
PENDING TRANS:   1. 02-92  2.   -    3.   -    4.   -    5.   -      TOTAL: 01
PAYMENT DATE     ====> 02-92                  PAYMENT AMOUNT  ====>     850.37
PAYMENT TYPE     ====> 1                      FIRST CHECK NO. ====>
OBJECT CODE      ====> 0                      RR AMOUNT       ====>       0.00
SUP AMOUNT       ====>     0.00               SS AMOUNT       ====>       0.00
SS FUND CODE     ====> 0                      RECLAIM PARTIAL ====>       (X=YES)
            REQUESTER: FINNTHOJ                 AMOUNT       ====>       0.00
RECORD ALREADY ON DATABASE, HIT PF3 TO MODIFY
------------------------------- RESPONSES -------------------------------------
 PF2=EDIT/ADD          PF3=MODIFY          PF4=DELETE        CLEAR=EXIT
              PF6=DATAQ              PF7=BACK          PA1=FIRST SCREEN
```

```
MED003          PAYMENT INVESTIGATION   E N T R Y   S C R E E N          06/02/92
                     BANK IDENTIFICATION INFORMATION
 RRB CLAIM NUMBER  WD 234-22-6263        PAYEE CODE 1        UNIT ID 2344
 REASON FOR REQUEST: RECLAMATION - OTHER
PENDING TRANS:   1. 02-92  2.   -    3.   -    4.   -    5.   -      TOTAL: 01
BANK ROUTING NUMBER      ====> 05210040 <
CHECK DIGIT              ====> 8 <
DEPOSITER ACCOUNT NUMBER ====> 7248713751      <
TYPE BANK ACCOUNT        ====> S                 C=CHECKING   S=SAVINGS
REQUESTER: FINNTHOJ
 BANK ID INFORMATION IS CORRECT - PRESS PF2 TO CONTINUE
------------------------------- RESPONSES -------------------------------------
 PF2=EDIT      PF6=DATAQ          PF7=BACK      PF8=FORWARD      CLEAR=EXIT
                          PA1=FIRST SCREEN
```

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

PAYMENT SUMMARY

1. EXAMINER	#	3. RRB CLAIM NUMBER	5. NUMBER OF FORMS G-363
THOMAS FINN	13	WD 234 22 6263	1 OF 1
2. AUTHORIZER	#	4. DATE JUN 2 1992	

6. SYM	7. ACCRUED PAYMENTS (PAYMENTS DUE BEFORE MONTHLY SMI PREMIUMS OR INCOME TAX WITHHOLDING)					8. DEDUCTIONS (PREVIOUS PAYMENTS BEFORE MONTHLY SMI PREMIUMS OR INCOME TAX WITHHOLDING)					9. NET AMOUNT DUE OR OVERPAYMENT
	MO RATE	FROM	TO	NO. MOS.	AMOUNT	MO RATE	FROM	TO	NO. MOS.	AMOUNT	
WP						$60.37	11/1/92	11/31/92	1	$30.37	$30.37

John L Beckton Jr 11/14/92

10. REMARKS

Widows 7/92 ck o/s

FORM G-363 (4-91) DESTROY PRIOR EDITIONS

```
IMED001          PAYMENT INVESTIGATION   R E V I E W   M E N U          06/02/92
                                                                          16:18
   RRB CLAIM NUMBER  WD 234-22-6263          PAYEE CODE 1
PENDING TRANS:  01. 02-92 02.  -  03.  -  04.  -  05.  -
                06.  -  07.  -  08.  -  09.  -  10.  -
                11.  -  12.  -  13.  -  14.  -  15.  -
                16.  -  17.  -  18.  -  19.  -  20.  -
                21.  -  22.  -  23.  -  24.  -
SELECT OPTION ====> 01      UNIT ID ====> 2344          TOTAL: 01
TER SELECT OPTION AND UNIT-ID - PRESS ENTER
------------------------------ RESPONSES ------------------------------
   PF5=REVIEW          PF6=DATAQ          PF8=FORWARD        CLEAR=EXIT
```

T-200 (9-89)
PLEASE PRINT

PARS EXAMINER WORKSHEET

A. IDENTIFYING INFORMATION (PAYR AND PDIT SCREENS)

1. PAYOR SYMBOL/PAYOR CODE (RRB PRE/CN–CNTR): SYMBOL WD 234 99 62 63 – 1

2. PAYOR NAME (FIRST, M.I., LAST): RECLAMATION

3. PAYOR SSN (IF DIFF.)

4. PAYOR EOA ☐

5. REP PAYOR NAME (FIRST, M.I., LAST)

6. PAYOR ADDRESS – LINE 1 (STREET ADDRESS): X

LINE 2 (STREET ADDRESS CONT.): X

7. EE NAME (LAST, FIRST, M.I.): COWGILL BERNARD L

LINE 3 (CITY): X

8. EE RRB PRE/CN

9. EE SSN (IF DIFF.)

LINE 3 CONT. (STATE ABBREV. AND ZIP CODE): X

10. DEBTOR NAME (FIRST, M.I., LAST): PAULINE COWGILL

11. DEBTOR SYM/PRE/CN: SYMBOL WD 234 22 62 63 233 54 16 04

12. DEBTOR SSN (IF DIFF.)

13. DEBTOR EOA ☐

14. OTHER PAYOR #1 NAME (FIRST, M.I., LAST)

15. OTHER PAYOR #1 SYM/PRE/CN: SYMBOL

16. OTHER PAYOR #1 EOA ☐

17. OTHER PAYOR #2 NAME (FIRST, M.I., LAST)

18. OTHER PAYOR #2 SYM/PRE/CN: SYMBOL

19. OTHER PAYOR #2 EOA ☐

B. OVERPAYMENT INFORMATION (BD SCREENS)

20. TRANSACTION TYPE
- ☒ NA (NEW ACCT)
- ☐ RA (REACTIVATED ACCT)
- ☐ CA (CONVERTED ACCT)

21. ACTION
- ☒ E (ESTABLISH)
- ☐ M (MODIFY)
- ☐ X (CANCEL)

22. I/D INDICATOR
- ☐ INCREASE
- ☐ DECREASE

23. TOTAL O/P AMT (DOCUMENT TOTAL): $ 630.37

24. O/P BREAKDOWN
- 001–RR (xPAR): $ 630.37
- 002–SUP (8012): $

25. BILL PRINT FLAG: N

26. WAIVER FLAG: A

27. O/P CAUSE CD: 01

28. O/P SOURCE CD: 02

29. O/P TYPE CD: 03

30. BUREAU/SUB ORG CD: A2000SP

31. BILLING DOCUMENT ID: B2SPTJF15H214

C. PARTIAL/FULL WITHHOLDING (RECR SCREEN)

32. REFERENCE BILLING DOCUMENT ID: B2

33. ACTION OUT
- ☐ PW (11B)
- ☐ FW (11C)

34. W/H AMT: $

35. W/H BEG. DATE

36. W/H MOS.

37. TEMP. STOP (HOLD) ☐

38. W/H COMPLETE ☐

D. OFFSET TO OVERPAYMENT (CCIT SCREEN)

39. TOTAL PAYMENT: $

40. DEPOSIT NO.

41. TRANS TYPE
- ☐ AW (ONE TIME W/H)
- ☐ WO (WAIVER, TOLERANCE, COMPROMISE)
- ☐ CC (CASH)

42. ACTION OUT

43. REFERENCE BILLING DOCUMENT/AMOUNT
- 01- B2 $
- 02- B2 $
- 03- B2 $

44. CASH RECEIPT DOCUMENT ID: C2

45. REMARKS: 9/92 ats 9/5

E. PREPARATION INFORMATION

46. PREPARED BY/DATE: THOMAS FINN JUN 2 1992

47. ENTERED BY/DATE

06-16-92

PAYMENT INVESTIGATION
REFERRAL

CLAIM NUMBER	WD 234-22-6263	ORIGINAL CLAIM DT	06-02-92
PAYEE CD	1	DATE RECEIVED	06-04-92
PAYMENT DATE	02-92	CFC PROCESSING DT	06-04-92
OBJECT CODE		PREV ACTION DATE	
PAYMENT AMOUNT	$850.37	CFC ISSUE DATE	02-01-92
RR AMOUNT	$0.00	CK-OFFICE SYMBOL	307
SUP AMOUNT	$0.00	CK-TRACE NUMBER	0192665
SS AMOUNT	$0.00	STATUS DATE	06/16/92
SS FUND		UNIT ID	2344
PAYMENT TYPE	RECURRING	USER SIGNON NAME	FINNTHOJ
CHECK NUMBER			
REASON	F:NON-ENTITLEMENT		
RECLAIM AMOUNT	$850.37		
DATE OF EVENT			
REP PAYEE DIED			
PAYEE/DECEASED			
NAME AND ADDRESS	JOHN L BECHTOL		

ROUTING NUMBER	05210040
CHECK DIGIT	8
TYPE ACCOUNT	S
ACCOUNT NUMBER	7248713751

REFERRAL MESSAGE
EFT PROOF OF PAYMENT
PROCESSED
FILE ONLY

EXAMINER NO
SPS

RRB FORM G-99b (11-75)

REPRESENTATIVE PAYEE CONTROL SHEET

1 BENEFICIARY NAME	2 CLAIM NUMBER
PAULINE COWGILL	WD-234-22-6263
3 EMPLOYEE NAME	**4 EMPLOYEE SSA NO.**
B L COWGILL	234-22-6263

5 PAYEE NAME, ADDRESS, TELEPHONE NO.

JOHN L BECHTOL
953 WINIFRED RD
CUMBERLAND MD 21502

8 CALL-UP DATES

SUBTLE TOUCH

6 DATES POLICED DURING 1991 POLICY IT WAS NOTED NO PAYEE FILE WAS SET-UP. 11/14/91

7 FILE TERMINATED AND SENT TO BRC

DATE 07 27 92

REASON Beneficiary, Pauline Cowgill, died 01 14 92

FIELD OFFICE Altoona PA D/O #243

REPRESENTATIVE William J. Lambert c/e

9 REMARKS

G-99b (11-75)

RRB FORM G-662 (6-79)

TICKLER CODE SHEET

CLAIM NUMBER	PREF	SSA	CLAIM NUMBER
	D	234	22626 3

REASON FOR CALL-UP CODES

UNIT CODE

01 - RM
03 - SM
04 - CCR
05 - OPR
06 - HB
07 - DB
08 - QIG
09 - CSU
10 - MDEV
13 - BCS
40 - *
90 - *

01 - Err. Payments
02 - Err. Pay. Tracer
03 - Reins. Paymts.
04 - O/S Ck. Not Due
05 - Foreign Student Policing
06 - RR-1e O/S
07 - Suspend Paymts.
09 - Sec. 2(e)4 Refund
10 - Employee ARF
11 - Invest. Emp. & Earnings
13 - Trace G-432

14 - Proof of Age
15 - G-175a/176a/181a
16 - SF-1184 Tracer
17 - Date of Death
20 - DQRRB Elig. for Medicare
21 - Cont. of Disab.
30 - Widow ARF
33 - Return to work
52 - Deferred LSDP
53 - RLS Payable

49 Retirement Miscellaneous

99 Survivor Miscellaneous

*EARNINGS REPORT CODES

40 — "N" Code Case — Release Annual Policing Form
90 — "9" Code Case — Release Policing Form Jan. 1

REOPENING DATA

Reopened Under B.O. _____

Date _____

Signature _____

REASON CODE	UNIT CODE	CALL-UP DATE	EXAM.		DATE COMPLETED	EXAM.	
16	09	DEC 2 - 1992	TF				

W901
12-21-92

*** TICKLER NOTICE *** RUN-DATE 12-15-92

CLAIM NUMBER	TICKLER DATE	SECTION-UNIT
D 234-22-6263	12-02-92	PSG

REASON
SF-1184 TRACER

DEC 30 1992

Open Balance for
F "Processed for EFT
w/ARC

DEC 30 1992

CTION: R TABLEID: ARCL USERID: KELL

********** ACCOUNTS RECEIVABLE CASE HISTORY LINE TABLE **********

EY IS PAYOR NUMBER, BILLING DOC ID, TRANS DATE, BILL LINE N

PAYOR NUMBER	BILLING DOC ID
NTER: D234226263 1	B2 SPTJF154214

AYOR NAME: RECLAMATION

TRANS DATE	BD LINE NO	AC CD	TR TP	ACTN OUT	REF DEST	TRANSACTION AMOUNT	BALANCE	DOCUMENT ID	REF LNE NO
6 04 92	001	BD	NA			830.37	830.37	B2 SPTJF154214	001
2-*L009 HEADER CHANGE									

Form G-65b (12-92)

TICKLER CODING SHEET

1. PREFIX [4]

ENTER 1 IF PREFIX A
4 IF PREFIX D
8 IF PREFIX H

2. CLAIM NUMBER [2][3][4][2][2][6][2][6][3]

ENTER ZEROS IN UNUSED BOXES PRECEDING SIX DIGIT CLAIM NUMBER

3. REASON CODE [0][4]

REFER TO RCM 11 OR G-65b.1 FOR CODE

4. SECTION CODE [2][4]

REFER TO RCM 11 OR G-65b.1 FOR CODE

5. CALL-UP DATE [0][6] [0][1] [9][4]

ENTER DATE IN MM DD YY SEQUENCE
ENTER ZERO IN UNUSED BOX PRECEDING ONE DIGIT MONTH, DAY, OR YEAR

6. CLOSE OUT CALL-UP [ ]

ENTER X IN BOX

TICKLER ESTABLISHED FOR PAYEE CODE [1]

MISCELLANEOUS REASON (60, 61, 62, OR 63)

NAME	SECTION	DATE
[illegible]	525	12/8/93

```
PIMED001          PAYMENT INVESTIGATION   R E V I E W   M E N U          12/08/93
                                                                           11:45

    RRB CLAIM NUMBER  WD 234-22-6263          PAYEE CODE 1
  PENDING TRANS:  01. 02-92 02.  --   03.  --   04.  --   05.  --
                  06.  --   07.  --   08.  --   09.  --   10.  --
                  11.  --   12.  --   13.  --   14.  --   15.  --
                  16.  --   17.  --   18.  --   19.  --   20.  --
                  21.  --   22.  --   23.  --   24.  --
   SELECT OPTION ====> 01      UNIT ID ====> 2344          TOTAL: 01
ENTER SELECT OPTION AND UNIT-ID - PRESS ENTER
------------------------------ RESPONSES ------------------------------
   PF5=REVIEW          PF6=DATAQ          PF8=FORWARD          CLEAR=EXIT
```

```
PIMED002          PAYMENT INVESTIGATION   E N T R Y   S C R E E N          12/08/93
                        PAYEE IDENTIFICATION INFORMATION                   11:45
    RRB CLAIM NUMBER  WD 234-22-6263          PAYEE CODE 1        UNIT ID 2344
    REASON FOR REQUEST:
  PENDING TRANS:   1. 02-92  2.  --   3.  --   4.  --   5.  --   TOTAL: 01
  REASON CODE      ====> E            DECEASED NAME ====> COWGILL PAULINE      <
  DATE OF EVENT    ====> 01-14-93     NAME/ADDRESS  ====> JOHN L BECHTOL       <
                                                        > FOR PAULINE COWGILL  <
                                                        > 953 WINIFRED ROAD    <
                                                        > CUMBERLAND MD 21502  <
                                                        >                      <

  REP PAYEE DEC'D ====>     (X=YES)
                                        GEO CODE      ====>      <
  REQUESTER: LISLEMIR
------------------------------ RESPONSES ------------------------------
  PF2=EDIT          PF6=DATAQ          PF7=BACK          PF8=FORWARD          CLEAR=EXIT
                                  PA1=FIRST SCREEN
```

```
PIMED003          PAYMENT INVESTIGATION   E N T R Y   S C R E E N          12/08/93
                          BANK IDENTIFICATION INFORMATION                    11:45
    RRB CLAIM NUMBER  WD 234-22-6263        PAYEE CODE 1        UNIT ID 2344
    REASON FOR REQUEST:
 PENDING TRANS:   1. 02-92  2.  -    3.  -    4.  -    5.  -       TOTAL: 01
 BANK ROUTING NUMBER       ====> 05210040 <
 CHECK DIGIT               ====> 8 <
 DEPOSITER ACCOUNT NUMBER  ====> 7248713751        <
 TYPE BANK ACCOUNT         ====> S                 C=CHECKING   S=SAVINGS
 REQUESTER: LISLEMIR

------------------------------- RESPONSES -------------------------------------
    PF2=EDIT      PF6=DATAQ        PF7=BACK       PF8=FORWARD      CLEAR=EXIT
                                PA1=FIRST SCREEN
```

```
PIMED004          PAYMENT INVESTIGATION   E N T R Y   S C R E E N          12/09/93
                        PAYMENT IDENTIFICATION INFORMATION                   11:46
    RRB CLAIM NUMBER  WD 234-22-6263        PAYEE CODE 1        UNIT ID 2344
    REASON FOR REQUEST:
 PENDING TRANS:   1. 02-92  2.  -    3.  -    4.  -    5.  -       TOTAL: 01
 PAYMENT DATE      ====> 02-92          PAYMENT AMOUNT   ====>     850.37
 PAYMENT TYPE      ====> 1              FIRST CHECK NO.  ====>
 OBJECT CODE       ====>                RR AMOUNT        ====>       0.00
 SUP AMOUNT        ====>     0.00       SS AMOUNT        ====>       0.00
 SS FUND CODE      ====> 0              RECLAIM PARTIAL  ====>      (X=YES)
              REQUESTER: LISLEMIR          AMOUNT        ====>       0.00

------------------------------- RESPONSES -------------------------------------
  PF2=EDIT/ADD          PF3=MODIFY          PF4=DELETE        CLEAR=EXIT
          PF6=DATAQ                  PF7=BACK          PA1=FIRST SCREEN
```

G-194C (04-93)

PRINT DATE 02-09-94

NOTICE OF CANCELLED CHECK

DATE PROCESSED 02-09-94

CLAIM NUMBER	PC	FOLDER LOC	DATE	CHECK NUMBER
WD 234-22-6263	1	W901	12/14/93	0192665 EFT

CURRENT PAYEE NAME-ADDRESS ON RECORD

AMOUNT

ISSUE DATE 02-92 $ 850.37

CAUSE CODE 41
EFF DATE 00-00

RR SUPP SS

BATCH 309 REG
ACTG DT 02094 ACCRUAL

LAST COA BATCH	DATE	TYP	RR STAT	RR CSE	SS STAT	SS CSE

NO MASTER RECORD

ALERT - OPEN BALANCE EXISTS ON PAR

T-200 (9-89)
PLEASE PRINT

PARS EXAMINER WORKSHEET

A. IDENTIFYING INFORMATION (PAYR AND PDIT SCREENS)

1. PAYOR SYMBOL/PAYOR CODE (RRB PRE/CN–CNTR)
SYMBOL: D 23422626 3 – 1

2. PAYOR NAME (FIRST, M.I., LAST)

3. PAYOR SSN (IF DIFF.)

4. PAYOR EOA ☐

5. REP PAYOR NAME (FIRST, M.I., LAST)

6. PAYOR ADDRESS– LINE 1 (STREET ADDRESS)

LINE 2 (STREET ADDRESS CONT.)

7. EE NAME (LAST, FIRST, M.I.)

LINE 3 (CITY)

8. EE RRB PRE/CN

9. EE SSN (IF DIFF.)

LINE 3 CONT. (STATE ABBREV. AND ZIP CODE)

10. DEBTOR NAME (FIRST, M.I., LAST)

11. DEBTOR SYM/PRE/CN
SYMBOL

12. DEBTOR SSN (IF DIFF.)

13. DEBTOR EOA ☐

14. OTHER PAYOR #1 NAME (FIRST, M.I., LAST)

15. OTHER PAYOR #1 SYM/PRE/CN
SYMBOL

16. OTHER PAYOR #1 EOA ☐

17. OTHER PAYOR #2 NAME (FIRST, M.I., LAST)

18. OTHER PAYOR #2 SYM/PRE/CN
SYMBOL

19. OTHER PAYOR #2 EOA ☐

B. OVERPAYMENT INFORMATION (BD SCREENS)

20. TRANSACTION TYPE
☐ NA (NEW ACCT)
☐ RA (REACTIVATED ACCT)
☐ CA (CONVERTED ACCT)

21. ACTION
☐ E (ESTABLISH)
☒ M (MODIFY)
☐ X (CANCEL)

22. I/D INDICATOR
☐ INCREASE
☒ DECREASE

23. TOTAL O/P AMT (DOCUMENT TOTAL)
$ $30.37

24. O/P BREAKDOWN
001–RR (xPAR) $ $30.37
002–SUP (8012) $

25. BILL PRINT FLAG

26. WAIVER FLAG

27. O/P CAUSE CD

28. O/P SOURCE CD

29. O/P TYPE CD

30. BUREAU/SUB ORG CD
2000

31. BILLING DOCUMENT ID
B2 SPTTJF154214

C. PARTIAL/FULL WITHHOLDING (RECR SCREEN)

32. REFERENCE BILLING DOCUMENT ID
B2

33. ACTION OUT
☐ PW (11B)
☐ FW (11C)

34. W/H AMT
$

35. W/H BEG. DATE

36. W/H MOS.

37. TEMP. STOP (HOLD) ☐

38. W/H COMPLETE ☐

D. OFFSET TO OVERPAYMENT (CCIT SCREEN)

39. TOTAL PAYMENT
$

40. DEPOSIT NO.

41. TRANS TYPE
☐ AW (ONE TIME W/H)
☐ WO (WAIVER, TOLERANCE, COMPROMISE)
☐ CC (CASH)

42. ACTION OUT
12

43. REFERENCE BILLING DOCUMENT/AMOUNT
01- B2 $
02- B2 $
03- B2 $

44. CASH RECEIPT DOCUMENT ID
C2

45. REMARKS
05=4

E. PREPARATION INFORMATION

46. PREPARED BY/DATE
M McClure 3-3-94

47. ENTERED BY/DATE

48. AUTHORIZED BY/DATE

Form G-65b (12-92)

TICKLER CODING SHEET

1. PREFIX [4]

ENTER 1 IF PREFIX A
4 IF PREFIX D
8 IF PREFIX H

2. CLAIM NUMBER [2][3][4][2][2][6][2][6][3]

ENTER ZEROS IN UNUSED BOXES PRECEDING SIX DIGIT CLAIM NUMBER

3. REASON CODE [0][4]

REFER TO RCM 11 OR G-65b.1 FOR CODE

4. SECTION CODE [2][4]

REFER TO RCM 11 OR G-65b.1 FOR CODE

5. CALL-UP DATE [0][6] [0][1] [9][4]

ENTER DATE IN MM DD YY SEQUENCE
ENTER ZERO IN UNUSED BOX PRECEDING ONE DIGIT MONTH, DAY, OR YEAR

6. CLOSE OUT CALL-UP [X]

ENTER X IN BOX

TICKLER ESTABLISHED FOR PAYEE CODE [ ]

MISCELLANEOUS REASON (60, 61, 62, OR 63)

NAME	SECTION	DATE
M Mallett	SIS	3-94